FILED
May 27, 2003 8:00 am
Secretary of State
05-01-2003 90823 008 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101295

1. Entity Name
UROLOGY & REHABILITATION SPECIALIST

DO NOT WRITE IN THIS SPACE

55044067

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6447 MIAMI LKS DR, E.	SAME
Suite, Apt. #, etc.: 211	Suite, Apt. #, etc.
City & State: MIAMI LKS FL	City & State
Zip: 33014 Country: DADE	Zip Country

4. FEI Number: 65-1060463 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Urology & Rehabilitation Specialist

Street Address (P.O. Box Number is Not Acceptable): 6447 Miami Lakes Dr East # 211

City: Miami Lakes FL Zip Code: 33014

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

*SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT EMILIANO MORILLO 6447 MIAMI LKS DR E MIAMI LAKES FL 33014
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/28/03 (305) 2310626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #