

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **000000105364**

1. Entity Name

REHABILITATION MEDICAL CENTER, INC.

FILED 05-16-2001 90312 001 ***300.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00000105364

01 JUN -5 PM 12:59

Principal Place of Business

**5440 WEST 21ST COURT
SUITE # 107
HIALEAH, FL 33016**

Mailing Address

**5440 WEST 21ST COURT
SUITE # 107
HIALEAH, FL 33016**

72355

2. Principal Place of Business

3. Mailing Address

15175 EAGLE NEST LN,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 108

DO NOT WRITE IN THIS SPACE

City & State

City & State

MIAMI LAKES

4. FEI Number

65-1055733

Applied For

Not Applicable

Zip

Country

Zip

Country

33014

U.S.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANUEL M. VILA
5440 WEST 21ST COURT
SUITE # 107
HIALEAH, FL 33016**

Name

Street Address (P.O. Box Number is Not Acceptable)

**15175 EAGLE NEST LN,
SUITE # 108**

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.

SIGNATURE

Signature, typed or printed name of registered agent, and not applicable.

MANUEL M. VILA

4/26/01

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State.

10. Election Campaign Financing Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PVSTD** ☐ Delete
NAME **MANUEL M. VILA**
STREET ADDRESS **5440 WEST 21ST COURT**
CITY-ST-ZIP **HIALEAH, FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **15175 EAGLE NEST LN, SUITE 108**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL M. VILA

4/26/01

305824-1107

Date

Daytime Phone #

CR2034 (1/1/00)

5/30