2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State
03-20-2001 90020 032 ***150.00

DOCUMENT # P00000107720

1. Entity Name
MAX REHABILITATION CENTER, INC.

Principal Place of Business	Mailing Address
1255 WEST 46TH STREET SUITE 7-A HIALEAH FL 33012	1255 WEST 46TH STREET SUITE 7-A HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1255 W 46 st.		1255 W 46st	
Suite, Apt. #, etc. Suite 7-A		Suite, Apt. #, etc. Suite 7-A	
City & State Hialeah, Fl		City & State Hialeah, FL	
Zip 33012	Country Dade	Zip 33012	Country Dade

4. FEI Number 651056072 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORZON, YASMINA B
1255 WEST 46TH STREET
SUITE 7
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 title if applicable. (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORZON, YASMINA B 1255 WEST 46TH STREET HIALEAH FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Corzon, Yasmina B 1255 W 46 st Suite 7A Hialeah, Fl 33012	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, ISABEL M 1255 WEST 46TH STREET HIALEAH FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alvarez, Isabel M 1255 W 46st Suite 7A Hialeah, Fl 33012	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Yasmina B Corzon President 01-19-01 (305)828 4201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)