2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000108934

City-St-Zip:

MIAMI, FL 33135

Entity Name: MEDIREHAB CENTER INC.

FILED Apr 25, 2003 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
5600 SW 135 AVE 106 MIAMI, FL 33183				
Current Mailing Address:		New Mailing Address:		
1393 SW 1ST STREET STE 420G MIAMI, FL 33135				
FEI Number: 65-1060377	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
PINON, SERGIO 1810 SW 7 STREET #3 MIAMI, FL 33135 US				
The above named entity in the State of Florida.	submits this statement for the $\mathfrak p$	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
Election Campaign Financia	ng Trust Fund Contribution(). CTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: PD (Name: PINON, SERG Address: 1810 SW 7 S		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SERGIO PINON PD 04/25/2003