## Sep 08, 2003 8:00 am Secretary of State

09-08-2003 90313 009 \*\*\*150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR DOCUMENT # P01000006213 1. Entity Name
ALTAMIRA REHAB, INC. Principal Place of Business Mailing Address 10111492 12813 SW 48TH TERRACE 12813 SW 48TH TERRACE MIAMI, FL 33175 MIAMI, FL 33175 2. Principal Place of Business 3. Mailing Address 6919 5₩ 155 AVE Suite, Apt. #, etc. 6919 SW Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For FLORIDA MIAMI 65-1067185 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 3193 Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name GALTES, EMMA 12813 SW TERRACE Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33175 6919 SW 155 AVE Zip Code 33/93 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of reguggered agent. SIGNATURE . Signature, typed or princed name of registered agent and title if applicable (NOTE: Reussered Agent Signature required when reinstating) DATE FILE NOVYEL FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Aftended UER IS \$61.25 Make Chack Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fe OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Addition GALTES, EMMA NAME NAME 12813 SW 48TH TERRACE STREET ADDRESS STREET ADDRESS MIAMI, FL 33176 CJTÝ-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition GALTES, ESTEBAN NAME NAME STREET ADDRESS 12813 SW 48 TERRACE STREET ADDRESS MIAMI, FL 33175 CITY-ST-ZP CRY-ST-21P TITLE Delete Addition ☐ Change NAME. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST 21P TITLE 🔲 Delete TITLE Change Addition NAHE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP Delete THILE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS City-st-2P CITY-ST-ZIP TITLE TOLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE

Attachment

10111492

## ALTAMIRA REHAB, INC.

6919 SW 155 Ave. Miami, FL 33193 Tel. (305) 387-2634

September 4, 2003

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATION

RE: ALTAMIRA REHAB INC. UBR/2003 DOCUMENT NUMBER: P01000006213

To Whom It May Concern:

We moved and we never received the notice of 2003 Uniform Business Report and for this reason we were not able to send this report on time. Please waive any penalties because we did not know that we had to send this report.

Attached you will find our 2003 Uniform Business Report and a check for \$150.00 to pay UBR of 2003.

Any questions or concerns feel free to contact us.

Sincerely Yours,

Emma Galtes President