

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000011573

1. Entity Name
TOTAL QUALITY REHAB, INC.



FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90148 024 ***158.75

0253469 AV

Principal Place of Business
2000 SW 27TH AVE.
SUITE 204
MIAMI FL 33145

Mailing Address
2000 SW 27TH AVE.
SUITE 204
MIAMI FL 33145



2. Principal Place of Business

7821 CORAL WAY SUITE 120
Suite, Apt. #, etc.
Suite 120

3. Mailing Address

7821 CORAL WAY
Suite, Apt. #, etc.
Suite 120

City & State

Miami, FL

City & State

Miami, FL

Zip

33155-642

Country

Miami-Dade

Zip

33155-6542

Country

Miami-Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1072196

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PADRON, FRANCISCO
2000 SW 27TH AVE.
SUITE 204
MIAMI FL 33145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 PSD
NAME PADRON, FRANCISCO
STREET ADDRESS 2000 SW 27TH AVE., STE. 204
CITY-ST-ZIP MIAMI FL 33145

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 7821 CORAL WAY, SUITE 120
CITY-ST-ZIP MIAMI, FL 33155-6542

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE:

Francisco Padron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francisco Padron

4-1-03

Date

786-251-2606

Daytime Phone #

CR2E034 (10/02)