

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000019866

1. Entity Name
METRO REHAB OF ORLANDO, INC.



Principal Place of Business
1140 S. SEMORAN BLVD
SUITE "E"
ORLANDO FL 32807

Mailing Address
1140 S. SEMORAN BLVD
SUITE "E"
ORLANDO FL 32807

FILED

03 JUN 26 PM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3617535 59-3221306

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ALCARAZ, LIZZETTE
1140 S. SEMORAN BLVD
SUITE "E"
ORLANDO FL 32807

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALCARAZ, LIZZETTE
1140 S. SEMORAN BLVD
ORLANDO FL 32807

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600021176736
06/27/03--01049--028 **150.00

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
D
ALCARAZ, LUIS E
1140 S. SEMORAN BLVD
ORLANDO FL 32807

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 482-0541

CR2E034 (10/02)

Attachment

METRO REHAB OF ORLANDO

1140 S. Semoran Blvd.
Suite E.
Orlando, FL 32807

#PO1000019800

June 18, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

I am writing to request that please accept my Uniform Business Report fee of \$150.00.

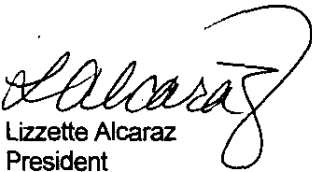
Earlier this year I was diagnosed with irregular heartbeats, and possible arrhythmia. I have since undergone an extensive series of tests to identify, and correct the problem. All these tests led my physician to believe that heart surgery was the best option to identify, and hopefully remedy the situation. On February 28, 2003 I underwent surgery, and the surgery was also inconclusive. I have since been subject to more tests, and I am currently awaiting the results of such tests.

During this time it has been extremely difficult for me to both manage my business, and continue recovering from my surgery, and continue with the testing process.

I ask you to please consider my request, and take my situation into account.

I am prepared to submit evidence of such treatment and procedures.

Sincerely,


Lizzette Alcaraz
President