

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90067 023 ***158.75

DOCUMENT # P01000039547

1. Entity Name
CEMAR DIAGNOSTIC & REHAB, INC.



Principal Place of Business
4914 NORTH ARMENIA AVENUE
TAMPA FL 33614

Mailing Address
4914 NORTH ARMENIA AVENUE
TAMPA FL 33614



2. Principal Place of Business
4914 N. ARMENIA AVE

3. Mailing Address
P.O. BOX 261746

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number **59-3710852**

Applied For
Not Applicable

Zip **33603**

Country

Zip **33685-1744**

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **VALDEZ, ELISA**
STREET ADDRESS **4914 NORTH ARMENIA AVENUE**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **S** ☐ Change ☒ Addition
NAME **DAVILA, HAYDEE**
STREET ADDRESS **4914 N. ARMENIA AVE.**
CITY-ST-ZIP **TAMPA, FL 33603**

TITLE **SD** ☒ Delete
NAME **NARANJO, ROMENA**
STREET ADDRESS **4914 N. ARMENIA AVENUE**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VTD** ☐ Delete
NAME **DAVILA, JOSE R**
STREET ADDRESS **4914 NORTH ARMENIA AVENUE**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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: **ELISA VALDEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

32603 813-998-0290

Date

Daytime Phone #

CR2E034 (10/02)