2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 25, 2002 8:00 am Secretary of State

02-25-2002 90034 046 ***150.00

DOCU	JMENT #	P010000 45011				
		REHABILITATION	CENTER INC			

Principal Place of Business
4605 E 46h AVE
HIALEAN FL 33/03

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Mailing Address
4605 E 468 AVE
HIALEAN FL 33103

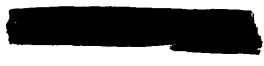
2. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



Applied For

☐ Addition

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1101403

						Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired		8.75 Additional ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BORIS BORSKY			Name				
4605 E 4th AVE			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
11.01-1	N EL 22102				•		
HIALEAN FL 33103			City		FL	Zip Code	
8. The above nan	ned entity submits this statemen	t for the purpose of changin	g its registered office or re	gistered agent, or both, in the State of Flo	rida.		

FILE NOW!!! FEE IS:\$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550,00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees See criteria on back) Make Check Payable to Department of States ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS (9/04) PRES. TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME BORIS BORSKY CR2E034 STREET ADDRESS 4605 E YED AVE STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP nne ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE CIAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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 path; that I am an officer or director of the corporation or the sectiver or trustee empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with ill gither like empowered.

CITY-ST-ZIP

MAIME LIREET ADDRESS

Delete

MATURE DOLL'S MEX

1/16/02