FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90158 042 ***150.00

DOCUMENT # P01000046037

1. Entity Name
I.B. REHAB, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1176 PEREGRINE WAY	1176 PEREGRINE WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON, FLORIDA	City & State: WESTON, FLORIDA
Zip: 33327 Country: USA	Zip: 33327 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1098257 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOSE I, PADIAL

Street Address (P.O. Box Number is Not Acceptable): 999 PONCE DE LEON BLVD. STE 715

City: CORAL GABLES FL Zip Code: 33134

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.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	ISAURA BOU MELENDEZ
STREET ADDRESS	1840 WEST 49 STREET # 404
CITY-ST-ZIP	HIALEAH, FLORIDA 33012
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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CR2E084 (12/97)

13. 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 11 or on an attachment with an address with all other like empowered.

SIGNATURE: ISAURA BOU MELENDEZ 4/18/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #