2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000055357

1. Entity Name HARDWELL REHABILITATION S Inc.

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91516 012 ***150.00

✓

Principal Place of Business	Mailing Address
6276 NW 186 St Ste 108 Hialeah FL 33015	6276 NW 186 St Ste 108 Hialeah FL 33015

2. Principal Place of Business	3. Mailing Address
6001 NW 153 St	6001 NW 153 St
Suite, Apt. #, etc Ste 180	Suite, Apt. #, etc Ste 180
City & State Miami Lakes	City & State Miami Lakes
Zip 33014 Country	Zip 33014 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1111329 ☐ Applied ☐ Not Ap.

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

6. Name and Address of Current Registered Agent

Dorys M. Orellana
6276 NW 186 St Apt # 108
Hialeah FL 33015

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

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) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 Added to F

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Orellana Dorys M 6276 NW 186 St Apt 108 Hialeah FL 33015 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x Dorys Orellana 04/12/03 (305) 512-4420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #