

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000064403

Entity Name: AALLIANCE REHAB, INC.

FILED
Apr 14, 2003
Secretary of State

Current Principal Place of Business:

1547 HIGHWAY US 1
VERO BCH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1547 HIGHWAY US 1
VERO BCH, FL 32960

New Mailing Address:

FEI Number: 07-1683048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIANNAMORE, MARY
1038 CASTAWAY BLVD.
VERO BCH, FL 32963 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: GIANNAMORE, MARY
Address: 1038 CASTAWAY BLVD.
City-St-Zip: VERO BCH, FL 32963

Title: VD () Delete
Name: LOPES, ARQUIMEDES
Address: 200 MIAMI AVE.
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GIANNAMORE, MARY

PTSD

04/14/2003

Electronic Signature of Signing Officer or Director

Date