## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 10, 2002 8:00 am Secretary of State

i. Entity Nan		•	\)		04-10-2002 90665 01	4 ***150.00
PE	ENSONAL CARE	RCHAB, I	nc.			
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i :	Place of Business	3. Mailing Address	C = 4 · / C			
Suite, Apt.		Suite, Apt. #, etc.	97 AUC	•	DO NOT WRITE IN THIS	SPACE
City & Stat	3-104 m/ = 4	/03-/04 City & State ///////////////////////////////////	FL	4. FE	1 Number 5-1126123	Applied For Not Applicable
Zip 33/6	Country	Zip 33/65	Country USA		ertificate of Status Desired	\$8.75 Additional Fee Required
<u> </u>				7. Nan	e and Address of Current Registere	ed Agent
			Name		WEAVER	
	DO NOT V				Number is Not Acceptable)	
	IN THIS S	PACE		SW	97 Ave. S. 103-	104
			City	niAm,	·' Fi	Zip Code - 33/65
8. The above	named antiby autolia this statement	for the purpose of challenging in	registered office or	registered ager	it, or both, in the State of Florida.	
	riamed entity edomits this statement	for the purpose of changing its i	-glatara amaa a			
	Trained entity addrings this statement	or the purpose discharging its i			1 12 26	
SIGNATURE	Signature, typed or printed name of registered age		ENIC L			20.
9. This corport Tax filing i	E 1/1	nt and title if applicable. (NOTE:  January 1 - Ma After May 1 Amended	Registered Agent signaturely 1. Fee is \$150.00 UBR is \$61.25	re required when rein:	10. Election Campaign Financing	\$5.00 May Be Added to Fees
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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 on an attachment with an accuracy with all other like empowered.

SIGNATURE:

(305)228-1706