

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

0107784 AV

04-30-2003 90325 003 ***150.00

DOCUMENT # P01000080493

1. Entity Name
UNITED REHAB OF SOUTH FLORIDA, INC.



Principal Place of Business
6220 S. ORANGE BLOSSOM TRAIL
606
ORLANDO FL 32809

Mailing Address
6220 S. ORANGE BLOSSOM TRAIL
606
ORLANDO FL 32809



2. Principal Place of Business
1199 NE 139 ST

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
N. Miami FL

City & State

4. FEI Number 65-1129717

Applied For
Not Applicable

Zip 33161

Country DPOB

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SANDS, ANDREW D DR
1199 NE 139TH STREET
NORTH MIAMI FL 33161~~

Name
RUDOLPH, Robert
Street Address (P.O. Box Number is Not Acceptable)
1937 S. OAK HAVEN CIRCLE
N. Miami Beach FL
City N. Miami Beach FL Zip Code 33179

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D Delete
NAME RUDOLPH, ROBERT
STREET ADDRESS 6220 S. ORANGE BLOSSOM TRAIL STE 606
CITY-ST-ZIP ORLANDO FL 32809

TITLE D Change Addition
NAME RUDOLPH, Robert
STREET ADDRESS 1937 S. OAK HAVEN circle
CITY-ST-ZIP N. MIAMI Beach FL 33179

TITLE D Delete
NAME SANDS, ANDREW D DR.
STREET ADDRESS 6220 S. ORANGE BLOSSOM TRAIL STE 606
CITY-ST-ZIP ORLANDO FL 32809

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employment.

SIGNATURE:

Signature typed or printed name of signing officer or director

4/25/03

Date

Daytime Phone #

CR2E034 (10/02)