2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91792 013 ***150.00

DOCUMENT # P01000081135

1. Entity Name
Capital REHAB CENTER, INC

Principal Place of Business	Mailing Address
287 park Blvd. Miami Fl 33126	287 park Blvd. Miami Fl 33126

2. Principal Place of Business		3. Mailing Address	
		7105 SW 8 St	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 309	
City & State		City & State Miami Fl	
Zip	Country	Zip 33144	Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1130581 ☐ Applied ☐ Not App

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
VEGUILLA ELIEZER. 287 park Blvd. Miami Fl 33126	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. I am familiar with, and a 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 [illegible]

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** Ma Added to Fe

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VEGUILLA ELIEZER 287 park Blvd. Miami Fl 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐
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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 inform 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 dir 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 Bloc changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] VEGUILLA ELIEZER 4/30/03 (305) 226-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #