FILED
Jul 02, 2002 8:00 am
Secretary of State
05-28-2002 91753 013 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000092209

1. Entity Name

PREMIERE MEDICAL REHABILITATION,.,INC.

DO NOT WRITE IN THIS SPACE

95967

2. Principal Place of Business		3. Mailing Address	
4501 PALM AVE		4501 PALM AVE	
Suite, Apt. #, etc. STE 204		Suite, Apt. #, etc. STE 204	
City & State HIALEAH FL 33012		City & State HIALEAH FL 33012	
Zip 33012	Country USA	Zip 33012	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1139590 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name LAMAS, ANA M

Street Address (P.O. Box Number is Not Acceptable) 18394 NW 61ST AVE

City MIAMI FL Zip Code 33015

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] (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE 4-30-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1: Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	LAMAS, ANA	NAME	
STREET ADDRESS	4501 PALM AVE, STE 204	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 address, with all other like empowered.

SIGNATURE: [signature] PRESIDENT ANA MARIA LAMAS 4-30-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #