

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000096319

FILED
Apr 27, 2003
Secretary of State

Entity Name: NATIONAL MEDICAL & REHABILITATION SERVICES, INC.

Current Principal Place of Business:

9817 SOUTHWEST 111TH TERRACE
MIAMI, FL 33139

New Principal Place of Business:

9817 SOUTHWEST 111TH TERRACE
MIAMI, FL 33176

Current Mailing Address:

9817 SOUTHWEST 111TH TERRACE
MIAMI, FL 33139

New Mailing Address:

9817 SOUTHWEST 111TH TERRACE
MIAMI, FL 33176

FEI Number: 65-1148833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERMAN, MARK
9817 SOUTHWEST 111TH TERRACE
MIAMI, FL 33139

Name and Address of New Registered Agent:

SILVERMAN, MARK
9817 SOUTHWEST 111TH TERRACE
MIAMI, FL 33176

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: MARK SILVERMAN

04/27/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIVERMA, MARK DR.
Address: 9817 SW 111 TERRACE
City-St-Zip: MIAMI, FL 33176

Title: T () Delete
Name: SILVERMA, YURY
Address: 9817 SW 111 TERRACE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SIVERMAN, MARK DR.
Address: 9817 SW 111 TERRACE
City-St-Zip: MIAMI, FL 33176

Title: T (X) Change () Addition
Name: SILVERMAN, YURY
Address: 9817 SW 111 TERRACE
City-St-Zip: MIAMI, FL 33176

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: MARK SILVERMAN

PRES

04/27/2003

Electronic Signature of Signing Officer or Director

Date