2002 UNIFORM BUSINESS REPORT (UBR)

Jul 24, 2002 8:00 am Secretary of State DOCUMENT # P01000098822 03-11-2002 90072 024 ***150.00 1. Entity Name GAITWAY REHABILITATION & FITNESS CENTER, P.A. Principal Place of Business Mailing Address 7400 S.W. 87TH AVENUE. SUITE 200 7400 S.W. 87TH AVENUE, SUITE 200 MIAMI FL 33173 MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Ζiρ Country, Country \$8.75 Additional 5.-Certificate of Status Desired. Fee Required _____ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUIZ, SANDRA Street Address (P.O. Box Number is Not Acceptable) 7400 S.W. 87TH AVENUE, SUITE 200 **MIAMI FL 33173** City 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 accept the obligations of registered agent. SIGNATURE Signature, lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete CR2E034 (4/02) ☐ Change ☐ Addition NAME RUIZ, ALDO E NAME STREET ADDRESS 7400 S.W. 87TH AVENUE, SUITE 200 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33173 CITY-ST-ZIP TITLE Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE:--- Change NAME NEWF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE Delete -☐ Change - Addition NAME 15 CIC. , iC,3 , . 55 do 9 7 451 NAME* THE INCLUDE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP --

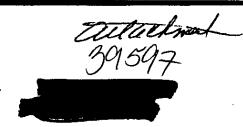
SIGNATURE:

TURE REQUI<u>RED</u>

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 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 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 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 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 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 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 as required by Chapter 607, Florida Statutes as if made under oath; that I am an officer or director of the corporation or the record of the corporation of the corporation

FILED





July 5, 2002

Division of Corporations
Uniform Business Report Eilings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re:

Gaitway Rehabilitation & Eitness Center, P.A.

Doc No.: P01000098822

Dear Sir/Madam:

Enclosed please find our 2002 Uniform Business Report. Please note that we did not receive your correspondence of March 2002. We ask that you waive any late fees related to this filing. Our filing fee/check in the amount of \$150 was cashed earlier this year.

Please contact me with any questions.

Sincerety

Sandra M. Ruiz

-Administrator

Enclosure