FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90192 017 ***150.00

80120534

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000006493

1. Entity Name
L & M REHABILITATION SERVICES, INC.

Principal Place of Business	Mailing Address
1255 WEST 46 STREET, SUITE 26 HIALEAH, FL 33012	1255 WEST 46 STREET, SUITE 26 HIALEAH, FL 33012

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
13232 SW 50 Street	13232 SW 50 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR FL	City & State: MIRAMAR FL
Zip: 33027 Country: USA	Zip: 33027 Country: USA

4. FEI Number: 80-0028620 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, MINERVA
1255 WEST 46 STREET, SUITE 26
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

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 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	TITLE	☐ Change ☐ Addition
NAME	GARCIA, MINERVA		NAME	
STREET ADDRESS	1255 WEST 46 STREET, SUITE 26		STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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CITY-ST-ZIP			CITY-ST-ZIP	
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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 empowered.

SIGNATURE: [signature] 4/30/3 (786) 295-0991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #