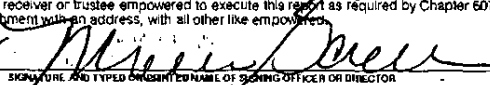


FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90192 017 ***150.00

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2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000006493			
1. Entity Name L & M REHABILITATION SERVICES, INC.			
Principal Place of Business 1255 WEST 46 STREET, SUITE 26 HIALEAH, FL 33012		Mailing Address 1255 WEST 46 STREET, SUITE 26 HIALEAH, FL 33012	
2. Principal Place of Business 13232 SW 50 Street		3. Mailing Address 13232 SW 50 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIRAMAR FL		City & State MIRAMAR FL	
Zip 33027		Zip 33027	
Country USA		Country USA	
4. FEE Number 80-0028620		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		Fee Required \$8.75	
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 _____ (NOTE: Registered Agent signature required when registering)			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, MINERVA 1255 WEST 46 STREET, SUITE 26 HIALEAH, FL 33012	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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:  4/20/3 786 295-0991			