

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91892 021 \*\*\*150.00

DOCUMENT # PO2000008622  
1. Entity Name  
Health & LIFE Rehabilitation Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2750 WEST 68th  
Suite, Apt. #, etc.  
224

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Hialeah FL

City & State

4. FEI Number  
01-0579368  
Applied For  
 Not Applicable

Zip  
33016

Country  
DADE

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
Gilbert T. Sanabria  
Street Address (P.O. Box Number is Not Acceptable)  
2750 West 68th Suite 224  
City  
Hollywood FL Zip Code  
33016

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 reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE  
PvD  
NAME  
GILBERT SANABRIA  
STREET ADDRESS  
7150 COLLINGS STREET  
CITY-ST-ZIP  
HOLLYWOOD FL 33024

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

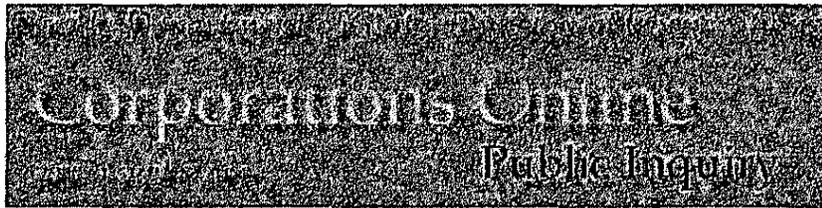
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 on an attachment with an address; with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 305 345-7448  
Date Daytime Phone #

CR200304E (12/02)

attachment  
80111430  
#



## Florida Profit

### HEALTH & LIFE REHABILITATION INC.

PRINCIPAL ADDRESS  
2750 WEST 68TH STREET  
SUITE 224  
HIALEAH FL 33016

MAILING ADDRESS  
2750 WEST 68TH STREET  
SUITE 224  
HIALEAH FL 33016

**Document Number**  
P02000008622

**FEI Number**  
NONE

**Date Filed**  
01/24/2002

**State**  
FL

**Status**  
ACTIVE

**Effective Date**  
NONE

## Registered Agent

| Name & Address  |
|---|
| SANABRIA, GILBERT<br>7150 COOLIDGE STREET<br>HOLLYWOOD FL 33024 |

## Officer/Director Detail