

**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 # P02000008622

1. Entity Name
Health & LIFE Rehabilitation Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2750 WEST 68 ST</u>		3. Mailing Address	
Suite, Apt. #, etc. <u>224</u>		Suite, Apt. #, etc.	
City & State <u>MIAMI FL</u>		City & State	
Zip <u>33016</u>	Country <u>DADE</u>	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>01-0579368</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 _____

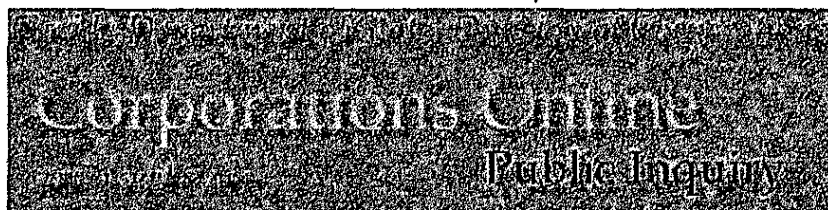
<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PVU</u> <u>GILBERT SANABRIA</u> <u>7150 COLLINGS STREET</u> <u>HOOLYWOOD FL 33024</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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] 305
DATE: 4/28/04 DAYTIME PHONE #: 345-7448

CR2ED34E (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 7150 COOLIDGE STREET HOLLYWOOD FL 33024

Officer/Director Detail