

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-17-2003 90146 003 \*\*\*150.00

**DOCUMENT # P02000009124**



1. Entity Name  
**SOUTH FLORIDA REHABILITATION FACILITY, INC.**

Principal Place of Business  
**16224 SW 55 TERRACE  
MIAMI FL 33185**

Mailing Address  
**16224 SW 55 TERRACE  
MIAMI FL 33185**

2. Principal Place of Business  
**7941-43 NW 7 STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
**7941-43 NW 7 STREET**  
Suite, Apt. #, etc.

City & State  
**MIAMI, FLORIDA**  
Zip Country  
**33126-8000 USA**

City & State  
**MIAMI, FL**  
Zip Country  
**33126-8000 USA**

4. FEI Number  
**04-3597876**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ, ZOE**  
**16224 SW 55 TERRACE**  
**MIAMI FL 33185**

Name **ZOE GONZALEZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**3111 NW 19 STREET**  
City **MIAMI** FL Zip Code **33125**

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]*  
Signature typed or printed name of registered agent and sign 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

TITLE **C.E.O** ☐ Delete  
NAME **ZOE GONZALEZ**  
STREET ADDRESS **3111 NW 19 ST.**  
CITY-ST-ZIP **MIAMI FL 33125**

TITLE **ADM** ☐ Delete  
NAME **XIOCHITL ADREU**  
STREET ADDRESS **11651 ROYAL PALM BLVD #303**  
CITY-ST-ZIP **CORAL SPRINGS, FL. 33065**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Block 11 if changed, 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

Date

Daytime Phone #

**4/11/03 305 266 2642**

CR2E034 (10/02)