FILED

03 MAR 19 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000032126

1. Entity Name
ROYMAR REHABILITATION CENTER INC.

300014416003
03/21/03--01041--022 **150.00

Principal Place of Business	Mailing Address
3750 WEST 6TH AVENUE SUITE # 110 HIALEAH, FL 33012	3750 WEST 6TH AVENUE SUITE # 110 HIALEAH, FL 33012

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3750 West 16th Ave	3750 West 16th Ave
Suite, Apt. #, etc. 110	Suite, Apt. #, etc. 110
City & State Hialeah, Florida	City & State Hialeah, Florida
Zip 33012 Country USA	Zip 33012 Country USA

4. FEI Number 68-0496309 ☐ 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
GALVEZ, MARISOL 3940 NW 2TH TERRACE MIAMI, FL 33126	Name Santiago Camps Street Address (P.O. Box Number Is Not Acceptable) 835 N.E. 82nd Street City Miami FL Zip Code 33138

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 X [signature] 3-10-03

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 PD NAME GALVEZ, MARISOL STREET ADDRESS 3750 WEST 6TH AVENUE SUITE 110 CITY-ST-ZIP HIALEAH, FL 33012	☑ Delete	TITLE P.D. NAME Santiago Camps STREET ADDRESS 835 NE 82nd Street CITY-ST-ZIP Miami Florida 33138	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: X [signature] Santiago Camps 3-10-03

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