

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90501 013 \*\*\*150.00

**DOCUMENT # P02000033778**



1. Entity Name  
**ACTIVE REHABILITATION, INC.**

Principal Place of Business  
**835 EAST 10TH AVENUE  
HIALEAH FL 33010**

Mailing Address  
**835 EAST 10TH AVENUE  
HIALEAH FL 33010**

**J0000014**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**03-0420644**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**METSCH, BENJAMIN R  
1455 NW 14TH STREET  
MAMI FL 33125**

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 \_\_\_\_\_

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 **PVST**  Delete  
NAME **SCHOLZ, MICHAEL K**  
STREET ADDRESS **835 EAST 10TH AVENUE**  
CITY - ST - ZIP **HIALEAH FL 33010**

TITLE **KEVIN SCHOLZ**  Delete  
NAME **KEVIN SCHOLZ**  
STREET ADDRESS **4321 SW 14 ST**  
CITY - ST - ZIP **MIAMI, FL 33134**

TITLE \_\_\_\_\_  Change  Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY - ST - ZIP \_\_\_\_\_

TITLE **D**  Delete  
NAME **SCHOLZ, MICHAEL K**  
STREET ADDRESS **835 EAST 10TH AVENUE**  
CITY - ST - ZIP **HIALEAH FL 33010**

TITLE **KEVIN SCHOLZ**  Delete  
NAME **KEVIN SCHOLZ**  
STREET ADDRESS **4321 SW 14 ST**  
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STREET ADDRESS \_\_\_\_\_  
CITY - ST - ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Delete  
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TITLE \_\_\_\_\_  Change  Addition  
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TITLE \_\_\_\_\_  Delete  
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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)