

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

FILED
Mar 12, 2003 8:00 am
Secretary of State
03-12-2003 90090 043 ***150.00

DOCUMENT # P02000036546
1. Entity Name
MedE* & Rehab Center, Inc. ✓



DO NOT WRITE IN THIS SPACE

70027116

2. Principal Place of Business
1309 NW 17th Avenue
Suite, Apt. #, etc.
207
City & State
Miami FL
Zip
33125
Country
Dade

3. Mailing Address
1309 NW 17th Avenue
Suite, Apt. #, etc.
207
City & State
Miami FL
Zip
33125
Country
Dade

4. FEI Number
01-0656662
Applied For
☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name
Vyacheslav Mishiye
Address (P.O. Box Number is Not Acceptable)
2608 NE 7th Street
City
Hallandale **FL** Zip Code
33009

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 Mishiye (NOTE: Registered Agent signature required when reinstating) DATE 03/07/03

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 NAME STREET ADDRESS CITY - ST - ZIP	<u>P</u> <u>Yevgeniy Lyubimov</u> <u>2608 NE 7th Street</u> <u>Hallandale, FL 33009</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VP</u> <u>Juliana Lyubimova</u> <u>2608 NE 7th Street</u> <u>Hallandale, FL 33009</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>S</u> <u>Vyacheslav Mishiye</u> <u>2608 NE 7th Street</u> <u>Hallandale, FL 33009</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

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: Julia Lyubimova 03/07/03 (305) 545-7005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)