2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State
02-17-2003 90206 011 ***150.00

DOCUMENT # P02000043011

1. Entity Name
METRO INJURY & REHAB CENTER, INC.

Principal Place of Business	Mailing Address
9050 PINES BOULEVARD	9050 PINES BOULEVARD
SUTIE 384	SUTIE 384
PEMBROKE PINES FL 33024	PEMBROKE PINES FL 33024

2. Principal Place of Business		3. Mailing Address	
17971 BISCAYNE BLVD		17971 BISCAYNE BLVD	
Suite, Apt. #, etc. SUITE 108		Suite, Apt. #, etc. SUITE 108	
City & State AVENTURA FL		City & State AVENTURA FL	
Zip 33160	Country	Zip 33160	Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3649975 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, BONNIE
9050 PINES BOULEVARD
SUTIE 384
PEMBROKE PINES FL 33024

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	D	☐ Delete	TITLE	O, VP	☑ Change ☐ Addition
NAME	SHAPIRO, GUY		NAME	SHAPIRO, GUY	
STREET ADDRESS	~~2540 N. STATE ROAD 7~~		STREET ADDRESS	17971 BISCAYNE BLVD #108	
CITY-ST-ZIP	~~HOLLYWOOD FL 33021~~		CITY-ST-ZIP	AVENTURA, FL 33160	
TITLE	D	☐ Delete	TITLE	D, P	☑ Change ☐ Addition
NAME	LEWIN, ROBERT		NAME	LEWIN, ROBERT	
STREET ADDRESS	~~2540 N. STATE ROAD 7~~		STREET ADDRESS	17971 BISCAYNE BLVD #108	
CITY-ST-ZIP	~~HOLLYWOOD FL 33021~~		CITY-ST-ZIP	AVENTURA, FL 33160	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 2/17/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)