FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90360 032 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000044010**

1. Entity Name
MEDICAL REHABILITATION CLINIC, INC.

Principal Place of Business	Mailing Address
2650 SOUTH MILITARY TRAIL #12 WEST PALM BEACH, FL 33415	2650 SOUTH MILITARY TRAIL #12 WEST PALM BEACH, FL 33415

2. Principal Place of Business	3. Mailing Address
	4814 Paolie Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 59B
City & State	City & State West Palm Beach
Zip / Country	Zip 33415 / Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0677779 — 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
LUNA-VALDES, MARIA T 5421 45TH STREET WEST PALM BEACH, FL 33407	Name Gianni Suarez Street Address (P.O. Box Number is Not Acceptable) 4814 Paolie Ct. 59B City West Palm Beach FL Zip Code 33415

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] Gianni Suarez, Pres. 4/1/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUAREZ, GIANNI 3778 93RD LANE NORTH LAKE PARK, FL 33403	☐ Delete	Pres. Suarez, Gianni 4814 Paolie Ct. #59B West Palm Beach, Fl. 33415	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUNA-VALDES, MARIA T 5421 45TH STREET WEST PALM BEACH, FL 33407	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: [signature] Gianni Suarez, Pres 3/31/03 (561) 963-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #