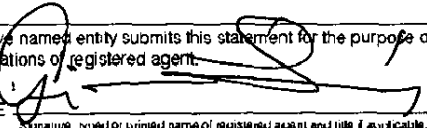
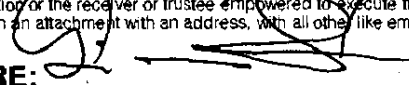


FILED
May 01, 2003 8:00 am
Secretary of State

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 2650 SOUTH MILITARY TRAIL #12 WEST PALM BEACH, FL 33415		Mailing Address 2650 SOUTH MILITARY TRAIL #12 WEST PALM BEACH, FL 33415	
2. Principal Place of Business		3. Mailing Address 4814 PAULIE CT. 59B	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State West Palm Beach	
Zip	Country	Zip	Country
33415	USA	33415	USA
4. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUNA-VALDES, MARIA T 5421 45TH STREET WEST PALM BEACH, FL 33407		7. Name and Address of New Registered Agent Name Gianni Suarez Street Address (P.O. Box Number is Not Acceptable) 4814 Paulie 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  Gianni Suarez, Pres. DATE 4/1/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)			
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. SUAREZ, Gianni 4814 Paulie 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	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
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:  Gianni Suarez, Pres		DATE 3/31/03 (561) 963-7111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

CR2EC34 (10/02)