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2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4,000

UNIFORM BUSINESS REPORT (UBR)							TO CENTROSTIES FLUNDA			
DOCUMENT # P02000060288 1. Enbly Name HEALTHY LIVING REHAB CENTER, CORP.								,		
Principal Place of Business 1830 NN 7 ST, STE 1006 NIAMI, FL 33135			Mailing Address 1830 NW 7 St, STE 100 Miami, FL 33135	1830 NW 7 ST, STE 1006			300018838723 05/13/03-01060013 **150.00			
2. Principal Place of Business			S. Malling Address	S. Malling Address						~7
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF	MAKING CHAI		رں
City & State			City & State	City & State			FEI Number		Applied For Not Applicable	,
Zip Country			Zip	Σip Country			Certificate of Status Desired	□ \$8.7	5 Additional equired] .
<u> </u>	6. Name	and Address of Cur	rent Registered Agent	stered Agent Name			7. Name and Address of New Registered Agent			
RODRIGUE: 1830 NW 7 9 MIAMI, FL 3	ST, STE 10			Street Address (P.O. Box Number is Not Acceptable)					1	
					ally			ru i	p Code]
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. Typical or brinded date of equitared agent agent and the it supricate. (I/OTE Registered Agent ground expected white extraction) EATE										
After Make-Check	li Teirus s150 co la Pervall backso o Flarida Cepartin	(A)		0		Election Campalgn Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.		OFFICERS	AND DIRECTORS	11.		A	DOITIONS/CHANGES TO OFFIC			
NAME STREET ADDRESS		EZ, CYNTHIA 7 ST, STE 1006 33135	☐ Delete					_c	henge 🔲 Addition	CR2E034 (10/02)
TITLE RAME STREET ADDRESS CITY-51-2P						☐ Change ☐ As		hange 🔲 Addition	CR2	
TITLE NAME STREET ADDRESS CITY-S1-2P			☐ Deinte					□¢	hange 🗌 Addition	
TITLE MAME STREET ADDRESS CITY-S1-2P			☐ Dekte			_			hange 🗔 Addition	
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TITLE HAME STREET ADDRESS CITY-S1-2P			□ Delete	•	· 1			٥	hange 🔲 Addikon	
12. Decety certify that the information supplied with this filling does not custify for the exemption stated in Section 119.07(3)(). Florica Statutes, I further certify that the information inclosed on this export or suppliermental report is the analysis 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 Justice 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 AND TYPES ON PREMIED DIAME OF SECHONG OFFICES ON BIFECTOR Date Contrast Promps										

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