

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91414 022 ***150.00

0367859 AV

DOCUMENT # **P02000060491**

1. Entity Name
FAMILY MEDICAL & REHAB CENTERS, INC.



Principal Place of Business
**8181 W BROWARD BLVD 350
PLANTATION FL 33324**

Mailing Address
**8181 W BROWARD BLVD 350
PLANTATION FL 33324**



2. Principal Place of Business
3660 CENTRAL AVE
Suite, Apt. #, etc.
Suite #1

3. Mailing Address
5409 N. State Rd. 7
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
FT. MYERS

City & State
TAMARAC, FL

4. FEI Number
48-1260866

Applied For
 Not Applicable

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

Zip
33901 Country
LEE

Zip
33319 Country
BROWARD

6. Name and Address of Current Registered Agent
**SAMI, SAM
8181 W BROWARD BLVD 350
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
Name
HERNANDEZ, WINSTON
Street Address (P.O. Box Number is Not Acceptable)
5409 N. State Rd. 7
City
TAMARAC FL 33319 FL Zip Code
FL

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 **President** DATE **4-26-03**

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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, WINSTON	NAME	
STREET ADDRESS	3660 CENTRAL AVE 31	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILCE, SIMONE	NAME	
STREET ADDRESS	3660 CENTRAL AVE 31	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 (Winston Hernandez)** DATE: **4-26-03** DAYTIME PHONE #: **(954) 733-3339**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)