

FILED
May 15, 2003 8:00 am
Secretary of State

04-23-2003 90070 041 ***150.00

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

DOCUMENT # P02000064293

1. Entity Name

FIRST CARE MEDICAL AND REHAB CENTER, INC.



Principal Place of Business

799 BRICKELL PLAZA
SUITE 606
MIAMI FL 33131

Mailing Address

799 BRICKELL PLAZA
SUITE 606
MIAMI FL 33131

2. Principal Place of Business

4715 N. W. 157 Street

Suite, Apt. #, etc.

111

City & State

Miami, FL

Zip

33014

Country

Miami-Dade

3. Mailing Address

4715 N. W. 157 Street

Suite, Apt. #, etc.

111

City & State

Miami, FL

Zip

33014

Country

Miami-Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

54-2064758

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MONTENEGRO, JEANETTE

799 BRICKELL PLAZA

SUITE 606

MIAMI FL 33131

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

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
MONTENEGRO, JEANETTE M
799 BRICKELL PLAZA, SUITE 606
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARCE, Solangel
4715 N. W. 157 Street, Suite 111
Miami, FL 33014 ☐ Change ☒ Addition

TITLE
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STREET ADDRESS
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☐ Delete

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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:

Jeanette Montenegro

1/25/02

(305) 358-1064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)