


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

DOCUMENT # P02000083513	
1. Entity Name STIRLING Rehab INC.	

FILED

03 JUL 28 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6732 STIRLING ROAD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hollywood Florida		City & State	
Zip 33024	Country Broward	Zip	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 41-2086312		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Not Applicable <input type="checkbox"/>
	7. Name and Address of Current Registered Agent		
	Name Gilbert Sanabria		
Street Address (P.O. Box Number is Not Acceptable) 7150 Coolidge St			
City Hollywood FL Zip Code 33024			

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

January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GILBERT SANABRIA 7150 COOLIDGE STREET HLVD, FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700021783697 07/25/03--01021--004 **158.75
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-26-03

Date

305
345-7448

Daytime Phone #

CR2E034B (12/02)

7/7/25

July 17, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399


**REF: Stirling Rehab Inc.
P02000083513**

To whom this may concern:

I am requesting that you waive the penalty fees for not filing my 2003 UBR Report due to the fact that I never received the UBR Report for this year. I have enclosed a money order for the amount of \$158.75 to reinstate it and also if you could be so kind as to mail me a "Certificate of Status". I have included in the money order the fee of \$8.75 for this certificate.

Please note: My business address is 6732 Hollywood, Fl. 33024. Please make the necessary corrections.

Thank you,


Gilbert Sanabria
President

GS;bms