
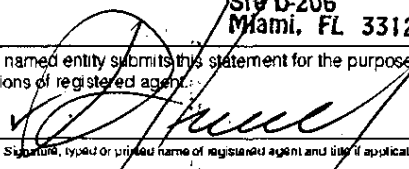
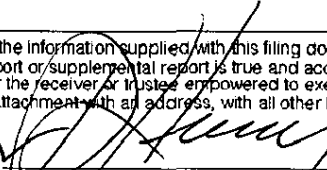


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 16, 2003 8:00 am**  
**Secretary of State**

09-16-2003 90005 015 \*\*\*558.75

<b>DOCUMENT # P02000094650</b>			
1. Entity Name <b>CITYWIDE REHAB VENTURES, INC.</b>			
Principal Place of Business <del>7904 W. DR.</del> <del>N. BAY VILLAGE, FL 33141</del>		Mailing Address <del>7904 W. DR.</del> <del>N. BAY VILLAGE, FL 33141</del>	
2. Principal Place of Business <b>P.O. BOX 450534</b>		3. Mailing Address <b>SAME P.O. Box</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b>		City & State	
4. FEI Number <b>54-2072726</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent <b>HERNANDEZ, ROLANDO</b> <del>7904 W. DR.</del> <del>N. BAY VILLAGE, FL 33141</del> c/o <b>ROGER BESU, P.A.</b> <b>1925 Brickell Ave</b> <b>Ste D-206</b> <b>Miami, FL 33129</b>		7. Name and Address of New Registered Agent Name <b>ROLANDO HERNANDEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o ROGER BESU, P.A.</b> <b>1925 BRICKELL AVE., STE. D-206</b> City <b>MIAMI</b> FL Zip Code <b>33129</b>	
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 		DATE <b>9/10/03</b>	
SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE <b>ROLANDO HERNANDEZ</b> (NOTE: Registered Agent's name required when registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D &amp; President</b>	NAME <b>HERNANDEZ, ROLANDO</b>	TITLE	NAME
STREET ADDRESS <del>7904 W. DR.</del>	<b>P.O. BOX 450534</b>	STREET ADDRESS	
CITY-ST-ZIP <del>N. BAY VILLAGE, FL 33141</del>	<b>MIAMI, FL 33244</b>	CITY-ST-ZIP	
[Empty rows for Officers and Directors]		[Empty rows for Additions/Changes]	
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: 		DATE <b>9/10/03</b> Daytime Phone # <b>305-772-7507</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>ROLANDO HERNANDEZ</b>			

CR2E034 (10/02)