


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

<div>000000000000 P02000109982</div> <div>1. Entity Name</div> <div>FLORIDA REHAB PROFESSIONALS, INC.</div>	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 401 MIRACLE MILE		3. Mailing Address 2600 S. DOUGLAS RD.	
Suite, Apt. #, etc. SUITE 403		Suite, Apt. #, etc. PH-6	
City & State CORAL GABLES, FLORIDA		City & State CORAL GABLES, FLORIDA	
Zip 33134	Country USA	Zip 33134	Country USA

FILED  
03 OCT 14 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600024212246  
10/28/03--01062--021 \*\*\*300.00

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0119506	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 <small>0000000000</small>

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name LYNDA HEREDIA	
Street Address (P.O. Box Number is Not Acceptable)	
401 MIRACLE MILE, SUITE 403	
City CORAL GABLES, FL	Zip Code 33134

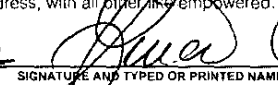
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 <small>0000000000</small>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D GINA FLOREZ-GARCIA 401 MIRACLE MILE, #403	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D LYNDA HEREDIA 401 MIRACLE MILE, #403	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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	Date	Daytime Phone #
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TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

  
GINA FLOREZ-GARCIA  
PRESIDENT