

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

FILED

03 SEP 29 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

INTERNATIONAL Rehab Services, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1490 West 49th Place #515

3. Mailing Address

1490 West 49th Place

Suite, Apt. #, etc.

515

Suite, Apt. #, etc.

515

City & State

Hialeah, Florida

City & State

Hialeah, Florida

Zip

33012

Country

USA

Zip

33012

Country

USA

4. FEI Number

48-1286570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Yadira Gutierrez

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

7838 W. 29th Lane #102

City

Hialeah

FL

Zip Code

33018

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

Yadira Gutierrez / Yadira Gutierrez

9-24-03

Signature, typed or printed name of registered agent and title, 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. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Yadira Gutierrez
STREET ADDRESS	7838 West 29 Lane #102
CITY-ST-ZIP	Hialeah, FL 33018
TITLE	V.P.
NAME	Alex Gutierrez
STREET ADDRESS	7838 West 29 Lane #102
CITY-ST-ZIP	Hialeah, FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

Yadira Gutierrez / Yadira Gutierrez 9/24/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

## International Rehab Services

September 24, 2003

Florida Department of State  
Division of Corporations

Enclosed is a letter with the renewal for International Rehab Services, Inc with the check of \$150.00 dollars after a late fee was waived. A letter sent from your office is also enclosed for information. If any questions please contact me at : (786)258-3306 or my office at (305) 828-5894.

Sincerely,

  
Yadira Gutierrez  
President

1490 West 49<sup>th</sup> place, suite 515, Hialeah, Fl. 33012. (305) 828-5894 Fax (305) 828-5178