

2003

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 DEC -2 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000132454

1. Entity Name

GABLES TRAUMA & REHAB CENTER, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

717 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 208

City & State

CORAL GABLES, FL.

Zip

33134

Country

USA

3. Mailing Address

717 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 208

City & State

CORAL GABLES, FL.

Zip

33134

Country

USA

**REINSTATEMENT 03**  
DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4517623

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

ERIC ZURITA

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

14997 SW 32 LN

City

MIAMI

FL

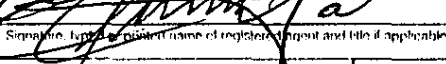
Zip Code

33185

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE



ERIC ZURITA

11/26/03

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
ERIC ZURITA  
14997 SW 32 LN  
MIAMI, FL. 33185

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100025155251  
12/02/03--01028--005 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VS  
DERLLINGER ZURITA  
14997 SW 32 LN  
MIAMI, FL 33185

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

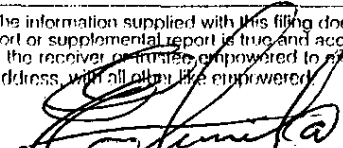
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:



ERIC ZURITA

11/26/03

(305)  
461-5270

Eric Zurita  
14497 SW 32 LN  
Miami, Fl. 33185  
(305) 461-5270

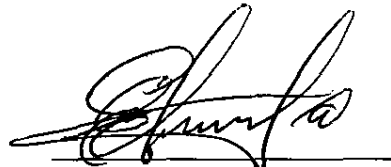
November 26, 2003

To Whom It May Concern:

This is a brief letter stating that I did not receive the Uniform Business Report of my company Gables Trauma & Rehab Center, inc. Along with this letter you will find my (UBR) for the year of 2003 and a check for the amount of \$150.00.

I thank you in advance for your help and understanding. If there are any questions please feel free to give me a call at the above number.

Sincerely,



Eric Zurita