FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2005 8:00 am
Secretary of State
04-14-2005 90109 047 ***150.00

DOCUMENT # P03000058412

1. Entity Name
DIAL MEDICAL REHAB INC.

DO NOT WRITE IN THIS SPACE

20033304

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2. Principal Place of Business	3. Mailing Address
12060 NW 7TH AVE	12060 NW 7TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NORTH MIAMI FL	City & State: NORTH MIAMI, FL
Zip: 33168 Country: DADE	Zip: 33168 Country: DADE

4. FEI Number 33-1060105 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ARNOLDO LORENZO
Street Address (P.O. Box Number is Not Acceptable): 12060 NW 7AVE
City: NORTH MIAMI FL Zip Code: 33168

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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	ARNOLDO LORENZO
STREET ADDRESS	12060 NW 7AVE
CITY-ST-ZIP	NORTH MIAMI, FL 33168
TITLE	
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CITY-ST-ZIP	

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CR2E034B (12/02)

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] 3/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #