


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

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90161 013 \*\*\*150.00

DOCUMENT # P04000142065 1. Entity Name  Harmony Rehabilitation Center, Inc.	
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**DO NOT WRITE IN THIS SPACE**

**50024588**

2. Principal Place of Business 10336 West Flagler St  Suite, Apt. #, etc.		3. Mailing Address 10336 West Flagler St  Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33174	Country Miami-Dade	Zip 33174	Country Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1745494	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name Castro, Gloria A	
	Street Address (P.O. Box Number is Not Acceptable)  10336 West Flagler St	
	City Miami	FL Zip Code 33174

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

*Gloria Castro*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*03-07-05*

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 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Castro, Gloria A 10336 West Flagler St Miami, FL 33174	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 #

*03-07-05*

CR2E034B (12/02)