

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000157272

1. Entity Name
UNITED MEDICAL REHAB CENTER, INC.



**FILED
Apr 15, 2005 8:00 am
Secretary of State**

04-15-2005 90074 007 ***158.75

Principal Place of Business
14125 SW 179 TERR
MIAMI, FL 33177 US

Mailing Address

14125 SW 179 TERR
MIAMI, FL 33177 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03162005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1929006	Applied For
	Not Applicable

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PERERA, REBEKA
14125 SW 179 TERR
MIAMI, FL 33177

Name

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

City

FL Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: \$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME PERERA, REBEKA
STREET ADDRESS 14125 SW 179 TERR
CITY-ST-ZIP MIAMI, FL 33177

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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Change Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rebekka Perera* **4/12/05 (305)467-8851**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #