


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90025 046 ***150.00

DOCUMENT # P05000135698 1. Entity Name UNIVERSAL REHAB. MEDICAL CENTER, INC.																													
Principal Place of Business 3383 NW 7TH STREET SUITE 307 MIAMI, FL 33125			Mailing Address 3383 NW 7TH STREET SUITE 307 MIAMI, FL 33125																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																											
4. FEI Number 20-3581847				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MARTINEZ, GLORIA M 5665 W 15TH CT HIALEAH, FL 33012			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>PD MARTINEZ, GLORIA M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5665 W 15TH CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HIALEAH, FL 33012</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME	PD MARTINEZ, GLORIA M		STREET ADDRESS	5665 W 15TH CT		CITY-ST-ZIP	HIALEAH, FL 33012		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this form does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Gloria Martinez</i></u> <u><i>4/2/08</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													