SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 AM 11:27

DOCUMENT # **P93000030069 (7)**

1. Corporation Name
FLORIDA HEALTH AND REHABILITATIVE SERVICES, INC.

Principal Place of Business	Mailing Address
3972 N.W. 36TH STREET MIAMI FL 33142	3972 N.W. 36TH STREET MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0408123	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / County (25)	Zip (29) / County (30)

9. Name and Address of Current Registered Agent

RUIZ, SERGIO O
3972 N.W. 36TH STREET
MIAMI FL 33142

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of Registered Agent and Title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES OR DELETIONS		
TITLE	S	11 TITLE	VPS	☒ Change ☐ Addition
NAME	RUIZ, SERGIO O	12 NAME	RUIZ SERGIO O.	
STREET ADDRESS	1301 S.W. 126TH PLACE	13 STREET ADDRESS	1201 SW 126 PL.	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI FLA. 33184	
TITLE	P	21 TITLE	PT	☒ Change ☐ Addition
NAME	ALI, SHAUKAT	22 NAME	ALI SHAUKAT	
STREET ADDRESS	15565 S.W. 49TH STREET	23 STREET ADDRESS	15565 SW 49ST	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	MIAMI FLA 33185	
TITLE	VP	31 TITLE		☒ Change ☐ Addition
NAME	GUEVARA, RAMON A	32 NAME	DELETED	
STREET ADDRESS	15635 SW 61 TERR	33 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP		
TITLE	T	41 TITLE		☒ Change ☐ Addition
NAME	ALONSO, MARGARITA I	42 NAME	DELETED	
STREET ADDRESS	11500 SW 32 LN	43 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 8/3/95 (305) 635-8344
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0046697 CP