

DOCUMENT # P93000056502

1. Entity Name
CLINICAL REHAB-CENTER, INC.

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90045 037 ***150.00

Principal Place of Business 2020 SW 1ST ST SUITE 100 MIAMI FL 33135 US	Mailing Address 2020 SW 1ST ST SUITE 100 MIAMI FL 33153 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0461926	Applied For Not Applicable
Zip	Country	Zip	Country

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

FIGEREDO, ARMANDO
~~17611 SW 81ST CT~~
~~MIAMI FL 33157~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
3630 S.W. 128TH AVE.

City **MIAMI** FL Zip Code **33175**

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.

SIGNATURE *Armando Figueredo* DATE 1/8/01

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP FIGUEREDO, ARMANDO 17611 SW 81ST CT MIAMI FL 33157	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3630 S.W. 128TH AVE. MIAMI, FLA. 33175	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Armando Figueredo* DATE 1/8/01 (305) 631-1171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)