

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

0034946 AV

DOCUMENT # P94000066297

1. Entity Name
SANAR CLINICAL REHAB CENTER, INC.

08-31-2001 90115 045 ***550.00

Principal Place of Business Mailing Address
650 SW 12 AVE 650 SW 12 AVE
MIAMI FL 33130 MIAMI FL 33130
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0519257** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, CARLOS
650 SW 12 AVE
MIAMI FL 33130

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.

SIGNATURE _____ DATE _____
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, CARLOS M 650 SW 12 AVENUE MIAMI FL 33130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carlose Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 8-01-01

Daytime Phone #

CR2E034 (5/01)