Amendment

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075546 1. Entity Name

FILED

02 OCT 25 PM 4: 49

ABLE CARE REHAB, INC.						TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE						
2. Principal Place of Business			3. Mailing Address			
7855 SW 131 St. Suite, Apt. #. etc.			7855 SW 131 St Suite, Apt #. etc. ~			DO NOT MORE IN THE COLOR
, Suite, Apt. #, etc.			Suite, Apt. F. etc.		~	DO NOT WRITE IN THIS SPACE
City & State Miami, FL		City & State Miami, FL			4. FEI Number Applied For Not Applicable	
*Zip 33	156	Country USA	Zip 33156	Coun	try USA	Certificate of Status Desired
	Tan di	desperando estado	计算程序中的 语数中导致	N. Carlo		7. Name and Address of Current Registered Agent
Name Lupe Velez						
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)						
a e di esa di Gio di Santi		NETHIS SP	ACE		785	5 SW 131 Street
					^{City} Mia	mi, FL Zip Cocle 33156
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Rogistered Agent signature required when reinzesting) DATE						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January:1: May:1 Fee is \$150.00 After May:1: Fee is \$550.00 Amended UBR is \$61:25 Make Check Payable to Department of States						10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11.	- /-	OFFICERS AND D	PIRECTORS	14	Hadali 1993	了。他只知识是是一种是他的主义的,就是别 然 是这个是是是一个人的。
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13. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 5 2

Lupe V

Lupe Velez

10/24/02

305-252-1314

Daysine Phone #