

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000018896

1. Entity Name  
WESTLAND REHAB, INC.



**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90026 027 \*\*\*150.75

0145115 AV

Principal Place of Business  
425 W 51ST PLACE  
HIALEAH FL 33012  
US

Mailing Address  
425 W 51ST PLACE  
HIALEAH FL 33012  
US



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 65-0565657

Applied For  
Not Applicable

Zip Country

Zip Country

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

HERNANDEZ, MARTHA  
16514 STONEHAVEN RD  
MIAMI LAKES FL 33014

Name  
HERNANDEZ, MARTHA  
Street Address (P.O. Box Number is Not Acceptable)  
4702 NW 113 RD PLACE  
City MIAMI FL Zip Code 33178

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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2 01/31/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

\*Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME HERNANDEZ, MARTHA  
STREET ADDRESS 16514 STONEHAVEN ROAD  
CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4702 NW 113 RD PLACE  
CITY-ST-ZIP MIAMI-FL-33178

TITLE VD  
NAME SUAREZ, GRISEL  
STREET ADDRESS 851 E 33 ST  
CITY-ST-ZIP MIAMI FL 33013 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4716 NW 113 RD PLACE  
CITY-ST-ZIP MIAMI-FL-33178

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 01/31/03 2 305  
358-2744  
Date Daytime Phone #

CR2E034 (10/02)