

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000045801

FILED
Apr 20, 2009
Secretary of State

Entity Name: UNIVERSAL MEDICAL & REHABILITATION CLINIC, INC.

Current Principal Place of Business:

3114 NE 210 TERR
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

3114 NE 210TH TERR
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 65-0603004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAZES, DEBBIE
3114 NE 210 TERR
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: CAZES, DEBBIE
Address: 3114 NE 210 TERR
City-St-Zip: AVENTURA, FL 33180

Title: SD () Delete
Name: CAZES, ISAAC
Address: 3114 NE 210 TERR
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE CAZES

PTD

04/20/2009

Electronic Signature of Signing Officer or Director

Date