

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000082543**1. Entity Name
FUNCTIONAL REHAB ASSOCIATES INC.

| Principal Place of Business | Mailing Address |
|--|--|
| 9350 SOUTH DADELAND BLVD. SUITE 101 MIAMI FL 33156 | 9350 SOUTH DADELAND BLVD. SUITE 101 MIAMI FL 33156 |

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

65-0614936

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSEALY-BAYOH JOANNE
9350 SOUTH DADELAND BLVD.
SUITE 101
MIAMI FL 33156**7. Name and Address of New Registered Agent**

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

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

(NOTE: Registered Agent signature required when reinstating)

05/01/2001

DATE

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------------------------|-------------------------------------|----------------|---------------------------------|
| | DPS SEALY-BAYOH JOANNE | 9350 SOUTH DADELAND BLVD., STE. 101 | MIAMI FL 33156 | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete |
|-------|-----------------|-------------------------------------|----------------|--|
| | DVT BAYOH SORIE | 9350 SOUTH DADELAND BLVD., STE. 101 | MIAMI FL 33156 | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
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| 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 |
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|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | | |

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: JOANNE SEALY-BAYOH

DPS

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)