


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 19, 2003 8:00 am
Secretary of State

06-19-2003 90047 020 ***550.00

DOCUMENT # P95000088808 1. Entity Name Community Care + Rehabilitation Center	
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 225 West Hwy 5D Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Clermont FL	City & State
Zip 34711	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3345468	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	Jamal M. Badarni
Street Address (P.O. Box Number is Not Acceptable)	10501 N Crescent Ln
City	Clermont FL
Zip Code	34711

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS			
TITLE P	NAME Carole Badarni STREET ADDRESS 10501 N Crescent Ln CITY-ST-ZIP Clermont FL 34711	TITLE 	
TITLE T	NAME Jamal Badarni STREET ADDRESS 10501 N Crescent Ln CITY-ST-ZIP Clermont FL 34711	TITLE 	
TITLE S	NAME Natalia Forbes-Thorne STREET ADDRESS P.O. Box 176 CITY-ST-ZIP Kilbuck, FL 34740	TITLE 	
TITLE 		TITLE 	
TITLE 		TITLE 	
TITLE 		TITLE 	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carole Badarni 6/02/2003 32-394-2990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)