

FILED  
Apr 24, 2003 8:00 am  
Secretary of State

04-24-2003 90240 047 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000092376

1. Entity Name  
**CORPORE SANO REHAB, CORP.**



Principal Place of Business  
5589 PACIFIC BLVD  
NO 3603  
BOCA RATON, FL 33433

Mailing Address  
5589 PACIFIC BLVD  
NO 3603  
BOCA RATON, FL 33433

20034153



2. Principal Place of Business

2030 NE 203RD ST

Suite, Apt. #, etc.

106

City & State

Aventura FL

Zip

33180

Country

3. Mailing Address

2030 NE 203RD ST

Suite, Apt. #, etc.

106

City & State

Aventura Florida

Zip

33180

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0623034

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLENNIA CONSULTING SERVICES INC  
20630 BISCAYNE BLVD  
AVENTUR, FL 33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

04/21/03

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

TITLE P ☐ Delete

NAME CARDOSO, JACQUELINE R

STREET ADDRESS 5589 PACIFIC BLVD

CITY-ST-ZIP BOCA RATON, FL 33433

TITLE S ☐ Delete

NAME DOS SANTO BARROS, JOSE NESTOR

STREET ADDRESS 2975 NE 190 STREET UNIT 103

CITY-ST-ZIP AVENTUR, FL 33180

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/21/03

CR2E034 (10/02)