2001 UNIFORM BUSINESS REPORT (UBR) Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P97000021864 COLONY REHAB, INC. 04-11-2001 90001 029 ***150.00 Principal Place of Business Mailing Address 85 N.E. 167TH STREET 85 N.E. 167TH STREET NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162 2. Principal Place of Business 3. Mailing Address 3029 NE 183 Lana Suite, Apt. #, etc. 3028 NE IF3 Cont Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0751495 Aventur Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired - الازن UJA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Barbach, les 5. Dr BARBACH, LEE S DR Street Address (P.O. Box Number is Not Acceptable) 85 N.E. 167TH STREET NORTH MIAMI BEACH FL 33162 32/60 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PDS CR2E034 (10/00) ☐ Delete HELE Change -TITLE BARBACH, LEE S DR. 3029 NE 183 Cens BARBACH, LEE S DR NAME NAME 85 N.E. 167TH STREET STREET ADDRESS STREET ADDRESS Avintura Fl 33160 CITY-ST-ZIP CITY - ST - ZIE NORTH MIAMI BEACH FL 33162 Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZiP ☐ Change ☐ Addition 7171.9 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addit.on TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY- ST- ZIP T:T: E Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS DITY - ST - 7IP CITY - ST - ZIP 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. GE Sharker BALSACIT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR