

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State
 02-29-2000 90188 001 ***150.00

DOCUMENT # P97000023227
 Entity Name
HIALEAH PHYSICAL THERAPY CENTER, INC.

Principal Place of Business Mailing Address
E 8 AVENUE 7980 CORAL WAY
MIAMI FL 33010 MIAMI FL 33155-6550
US



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0733340** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PEREZ-GURRI, DIANE
7980 CORAL WAY
MIAMI FL 33155

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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**

OFFICERS AND DIRECTORS

ADDRESS: ST-ZIP	D PEREZ-GURRI, DIANE 219 E 8 AVENUE HIALEAH FL 33010	<input type="checkbox"/> Delete
ADDRESS: ST-ZIP	D SIERRA, TERESITA 5511 SARDINIA STREET CORAL GABLES FL 33146	<input type="checkbox"/> Delete
ADDRESS: ST-ZIP	D SUAREZ, ORLANDO 8977 SW 28 STREET MIAMI FL 33165	<input type="checkbox"/> Delete
ADDRESS: ST-ZIP		<input type="checkbox"/> Delete
ADDRESS: ST-ZIP		<input type="checkbox"/> Delete
ADDRESS: ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Diane Perez Gurri* Director Date: 02-21-00 Daytime Phone #: (305) 267-5055

CR2E034 (9/99)