

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034872

Entity Name

Tetramed Rehab of South Beach, Inc.

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

05-19-2001 90284 013 \*\*\*150.00

|   |  |
|---|--|
| Principal Place of Business<br>313 SW 1st Street<br>Miami, FL 33135 | Mailing Address<br>1313 SW 1st Street<br>Miami, FL 33135 |
|---|--|

|   |  |
|---|--|
| Principal Place of Business<br>N/A<br>Suite, Apt. #, etc. | 3. Mailing Address<br>N/A<br>Suite, Apt. #, etc. |
|---|--|

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>65-0743217  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

552839

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent.

Federico A. Dumenigo  
 313 SW 1st Street  
 Miami, FL 33135

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

| OFFICERS AND DIRECTORS   |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                     |  |
|--|--|---|--|
| Director<br>Federico A. Dumenigo<br>1313 SW 1st Street<br>Miami, FL 33135<br><input type="checkbox"/> Delete             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | Director<br>Christopher Depretis<br>1313 SW 1st Street<br>Miami, FL 33135 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| Director<br>Francisco M. Dumenigo<br>1313 SW 1st Street<br>Miami, FL 33135<br><input checked="" type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
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| <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   | <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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature

CR2E034 (11/00)