

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052180  
Entity Name

Tetramed Rehab of Miami, Inc.

FILED  
May 19, 2001 8:00 am  
Secretary of State  
05-19-2001 90284 009 \*\*\*150.00

Principal Place of Business	Mailing Address
313 SW 1st Street Miami, FL 33135	1313 SW 1st Street Miami, FL 33135

Principal Place of Business	3. Mailing Address
N/A	N/A
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
65-0760228	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

552843

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	
Director Federico A. Dumenigo 1313 SW 1st Street Miami, FL 33135	<input type="checkbox"/> Delete
Director Franciso M. Dumenigo 1313 SW 1st Street Miami, FL 33135	<input checked="" type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Director Christopher Depretis 1313 SW 1st Street Miami, FL 33135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<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

CR2E034 (11/00)