

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

DOCUMENT # P97000058467

1. Entity Name

THE REHAB. INSTITUTE, INC.

FILED

02 AUG 19 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500007662825--9

-09/11/02--01044--026

****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8357 W. FLAGLER ST.

3. Mailing Address

8357 W. FLAGLER ST.

Suite, Apt. #, etc.
PMB #346

Suite, Apt. #, etc.
PMB #346

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number

650783597

Applied For

Not Applicable

Zip
33144

Country

Zip
33144

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name KATHRYN ANNE COLLINS

Street Address (P.O. Box Number is Not Acceptable)

13380 SW 5 ST

City DAVIE

FL

Zip Code
33175

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IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P/D
KATHRYN ANNE COLLINS
13380 SW 5 ST., DAVIE, FL 33175

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V/D
JENNY V. SALCADO
8357 W. FLAGLER ST., PMB 346 MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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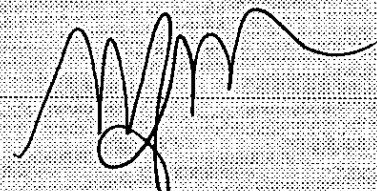
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 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 #

CR200403 (12/01)

THE RAHAB. INSTUTUE, INC.
DOC. # P97000058467

2el2

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION...

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATU AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY


JENNY V. SALCEDO
PRESIDENT