

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90653 014 ***150.00

DOCUMENT # P97000058467

1. Entity Name
THE REHAB. INSTITUTE, INC.



Principal Place of Business
**8357 WEST FLAGLER ST.
PMB #346
MIAMI FL 33144
US**

Mailing Address
**8357 WEST FLAGLER ST.
PMB #346
MIAMI FL 33144
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0783597**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**COLLINS, KATHRYN ANNE
13380 S.W. 5TH ST.
DAVIE FL 33175**

7. Name and Address of New Registered Agent

Name **JENNY SALCADO**
Street Address (P.O. Box Number is Not Acceptable)
8357 WEST FLAGLER STREET
SUITE # 346
City **Miami** FL Zip Code **33175**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, KATHRYN ANNE 13380 S.W. 5TH ST. DAVIE FL 33175	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALCADO, JENNY V 8357 WEST FLAGLER ST., PMB 346 MIAMI FL	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERNANDEZ, GABRIELLA 8357 WEST FLAGLER ST. #346 M. AMI FLORIDA 33175	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)