


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

FILED
Jan 21, 2004 8:00 am
Secretary of State

01-21-2004 90009 033 ***150.00

DOCUMENT # <i>P97000059900</i>	
1. Entity Name All TechTherapy and Rehab Medical Center Corp.	

DO NOT WRITE IN THIS SPACE

44003318

2. Principal Place of Business 5200 SW 8TH Street		3. Mailing Address 5200 SW 8TH Street	
Suite, Apt. #, etc. Suite 204 A		Suite, Apt. #, etc. Suite 204 A	
City & State Coral Gables		City & State Coral Gables	
Zip 33134	Country	Zip 33134	Country
4. FEI Number 65-0773666		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Ernesto A Valdes	
	Street Address (P.O. Box Number is Not Acceptable) 5200 SW 8 TH Street	
	City Coral Gables	FL Zip Code 33134

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 *EVR* Ernesto A Valdes / President January, DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ernesto A Valdes / President 14835 SW 174 Street Miami, FL 33187	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *EVR* Ernesto a. Valdes / President, January 14, 2004 (305)648-1140

CR2E034B (12/02)