

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1999 2000

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

99-00 UBR

FILED

00 JUN 19 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000101507

1. Corporation Name

ACTIVE REHAB SERVICE, INC.

Principal Place of Business

Mailing Address

~~8260 W. FLAGLER ST.~~
~~SUITE 2-M~~
~~MIAMI, FL 33144~~

Date Incorporated or Qualified

12/02/1997

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

10250 S.W. 56 ST.

26

65-0797294

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

\$8.75 Additional
Fee Required

SUITE # B103

27

5. Certificate of Status Desired ☐

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

MIAMI, FL

28

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

Zip

Country

Zip

Country

33165

25

MIAMI-DADE

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALI A. MIRZATAHERI
~~8260 W. FLAGLER ST. SUITE 2-M~~
~~MIAMI, FL 33144~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
7610 S.W. 79 CT.

83

84 City

MIAMI

FL

85 Zip Code
33143

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME SOLEDAD N. MIRZATAHERI

1.2 NAME

STREET ADDRESS ~~26 S.W. 39 CT~~

1.3 STREET ADDRESS

7610 S.W. 79 CT
MIAMI, FL 33143

CITY-ST-ZIP ~~MIAMI, FL 33144~~

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME ALI A. MIRZATAHERI

2.2 NAME

STREET ADDRESS ~~26 S.W. 39 CT~~

2.3 STREET ADDRESS

7610 S.W. 79 CT
MIAMI, FL 33143

CITY-ST-ZIP ~~MIAMI, FL 33144~~

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

400003314464--9
-07/06/00--01020--007

CITY-ST-ZIP

3.4 CITY-ST-ZIP

*****8.75 *****8.75

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

LS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

400003314464--9
-07/06/00--01020--008

CITY-ST-ZIP

5.4 CITY-ST-ZIP

*****150.00 *****150.00

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

400003314464--9
-07/06/00--01020--009

CITY-ST-ZIP

6.4 CITY-ST-ZIP

*****150.00 *****150.00

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ALI A. MIRZATAHERY

04/28/2000

305- 595-0345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)