

2001 UNIFORM BUSINESS REPORT (UBR)

FILED  
May 19, 2001 8:00 am  
Secretary of State

05-19-2001 90284 011 \*\*\*150.00

DOCUMENT # P98000003053  
Entity Name  
Tetramed Rehab of Central Florida, Inc.

Principal Place of Business      Mailing Address  
10109 Cortz Blvd.      1313 SW 1st Street  
Brooksville, FL 34613      Miami, FL 33135

Principal Place of Business      3. Mailing Address  
313 SW 1st Street  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Miami, FL  
Zip      Country      Zip      Country  
33135

4. FEI Number      Applied For  
59-3485720      Not Applicable  
5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Francisco Dumenigo  
1313 SW 1st Street  
Miami, FL 33135

7. Name and Address of New Registered Agent  
Name  
Federico A. Dumenigo  
Street Address (P.O. Box Number is Not Acceptable)  
1313 SW 1st Street  
City      FL      Zip Code  
Miami      33135

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      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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	TITLE	<input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
Director Federico A. Dumenigo 1313 SW 1st Street Miami, FL 33135	Director Christopher Depretis 1313 SW 1st Street Miami, FL 33135				
Director Francisco M. Dumenigo 1313 SW 1st Street Miami, FL 33135		<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Delete			<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:      Date      Date of Filing