

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90054 045 \*\*\*150.00

**DOCUMENT # P98000019337**

1. Entity Name

**TOTAL REHAB AND MEDICAL CENTERS, INC.**

Principal Place of Business

Mailing Address

**5409 N STATE ROAD 7  
TAMARAC FL 33319**

**5409 N STATE ROAD 7  
TAMARAC FL 33319-2921**

**913556**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

DO NOT WRITE IN THIS SPACE

**65-0815870**

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75**  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERNANDEZ, WINSTON  
5409 N STATE ROAD 7  
TAMARAC FL 33319**

Name

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

City

**FL**

Zip Code

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) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00**  
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
HERNANDEZ, WINSTON  
5409 N STATE ROAD 7  
TAMARAC FL 33319** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
BOGANI, HUMBERTO  
5409 N STATE ROAD 7  
TAMARAC FL 33319** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change

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CITY-ST-ZIP ☐ Change

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change

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 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 changed, 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 #