

# UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # P98 000027859

1. Entity Name  
*Dynex Rehabilitation Services Inc*

FILED

02 MAY -1 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

9071 S.W. 142<sup>nd</sup> ct  
Miami, FL 33186

2. Principal Place of Business 3. Mailing Address

9071 S.W. 142<sup>nd</sup> ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL 33186

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0823883

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Tammy Trigo  
9071 S.W. 142<sup>nd</sup> ct  
Miami, FL 33186

7. Name and Address of New Registered Agent

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

*Tammy Trigo*

(NOTE: Registered Agent signature required when reinstating)

4/26/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

FILE NOW!!! FEES \$150.00  
ARAY MAY 11 2004 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

11. OFFICERS AND DIRECTORS

TITLE (P) JOSE TRIGOSO ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
9071 S.W. 142<sup>nd</sup> ct  
Miami, FL 33186

TITLE (VP) TAMMY TRIGOSO ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
9071 S.W. 142<sup>nd</sup> ct  
Miami, FL 33186

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500005695545-8  
-06/06/02--01097--005  
\*\*\*\*600.00 \*\*\*\*600.00

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jose Trigo* Jose Trigo 3/28/02

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Miami, FL, March 28, 2002

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**REF: DYNEX REHABILITATION SERVICES, INC. EIN: 65-0823883**

Dear Sirs,

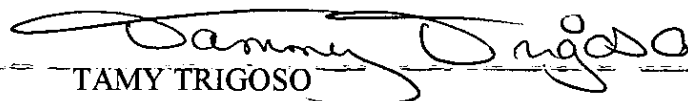
This is to inform you that DYNEX REHABILITATION SERVICES, INC. never received the Annual Report Form for the years following 1998, because its address was changed to 9071 SW 142nd CT, Miami, FL 33186 on May 1998. Thus, we never received any documents to the new address.

Therefore we are sending payments for Annual Report for the years 1999, 2000, 2001, and 2002 and we ask you to please update our address for your records and waive the penalty for sending late payments.

We apologize for any inconvenience this may have caused.

Thank you very much for your cooperation.

Sincerely,



TAMY TRIGOSO  
Vice-President