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

DOCUMENT # (79800027859 1. Entity Name DHUG

SIGNATURE:

**FILED** Jul 07, 2003 8:00 am Secretary of State 07-07-2003 90143 033 \*\*\*158.75

e محرو	Rehabili tator	~Services	Incom	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

	DO N	OT WRITI	E IN THIS SE	ACE			-		
Principal Place of Business     3. Mailing Address			Attaches to the technical decretation of a dissensations, assured upon the	3					
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		, Rerida	City & State Micane	Florida		FEI Number 5 - 0823883		Applied For Not Applicable	
<sup>Zip</sup> るい	86	Country	33186	Country	5.	Certificate of Status Desired	\$8. Fee	75 Additional Required	
	CALLED AND AND	The second secon			7. N	ame and Address of Current Regis	tered Age	ent	
		and a substitution of the substitute		Name	IAC	nmy Triass	$\alpha$		
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				1469	21 3	SW 132 Car	+		
				City	1100			Zip Code 33186	
			for the purpose of changing its r	registered office or re	gistered ag	gent, or both, in the State of Florida. I		ar with, and accept	
the obligat	tions of registe	red agent.	^ /.		9	energy england	$\mathcal{N}$ .	,	
	Tro.	- P	A BROWN	Lean YrapiA	art.	James Trasso	ج اما	30/02	
SIGNATURE .	Signature, typed or	printed name of registaled ager	nt and title Lappicable. (NOTE:	Registered Agent signature r	required when r		ATE	30100	
	After May 1, Amended	y 1 Fee is \$150.00 Fee is \$550.00 UBR is \$61.25 Florida Department (	of State			Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
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indicated of the cor	on this report poration or the	or supplemental report	is true and accurate and that my powered to execute this report	y signature shall have	e the same	119.07(3)(i), Florida Statutes. I furthe legal effect as if made under oath; th orida Statutes; and that my name app	at I ami an	officer or director	