2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90044 048 ***150.00

DOCUMENT # P98000052429

1. Entity Name

WEST CARE REHABILITATION CENTER, INC.

Principal Place of Business	Mailing Address
~~2160 PALM AVENUE~~ ~~SUITE B~~ ~~HIALEAH FL~~ 33010	1450 W 68 ST HIALEAH FL 33014-4527

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1490 W. 68 St	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah	City & State
Zip: 33014 — Country: Miami-Dade	Zip — Country

4. FEI Number 65-0873642 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~RODRIGUEZ, JUSTA~~ D ~~2160 PALM AVENUE~~ ~~SUITE B~~ ~~HIALEAH FL~~ 33010	Name: Elia. Morias Street Address (P.O. Box Number is Not Acceptable): 1490 W. 68 St City: Hialeah, **FL** Zip Code: 33014

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** May Be *Added to Fees*

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DV	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MURIAS, ELIA		NAME		
STREET ADDRESS	1490 WEST 68 STREET		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33014		CITY-ST-ZIP		
TITLE	DP	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, JUSTA		NAME		
STREET ADDRESS	1490 WEST 68 STREET		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33014		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: E. Murias ELIA MURIAS 305-822-4449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #