2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053806

1. Entity Name

ST. LOUIS REHABILITATION PROGRAM, INC.

FILED
May 22, 2000 8:00 am
Secretary of State
05-22-2000 90155 013 ***150.00

Principal Place of Business	Mailing Address
13870 SW 93rd LN Miami, Fl 33186	13780 SW 93rd LN Miami, Fl 33186

2. Principal Place of Business	3. Mailing Address
4445 W 16TH AVENUE	
Suite, Apt. #, etc. #500	Suite, Apt. #, etc.
City & State HIALEAH, FLORIDA	City & State
Zip 33012 / Country USA	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0856874 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SILVERA, JULIO O
13870 SW 93rd LN
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name JE OYARCE & ASSOCIATES
Street Address (P.O. Box Number is Not Acceptable)
199 SW 12TH AVENUE, SUITE 11
City MIAMI FL Zip Code 33130-1056

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 JORGE E. OYARCE DATE 4/17/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

Title	Name / Street Address / City-St-Zip	
P	SILVERA JULIO O 13870 SW 93rd LN MIAMI, FL 33186	☐ Delete
VP/S/T	SILVERA SEBASTIAN 6122 NW 123RD TERR HIALEAH, FL 33015	☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Title	Name / Street Address / City-St-Zip	
		☐ Change ☐ Add
		☐ Change ☐ Add
		☐ Change ☐ Add
		☐ Change ☐ Add
		☐ Change ☐ Add
		☐ Change ☐ Add

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: VICE PRESIDENT/SEBASTIAN SILVERA 305-324-2248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #