


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

<b>DOCUMENT #</b> <u>98000054877</u>			<b>FILED</b> 03 AUG 14 AM 10:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>1. Entity Name</b> <u>Perriman Physical Therapy Center &amp; Rehab Center, Inc</u>				
<b>DO NOT WRITE IN THIS SPACE</b>				
<b>2. Principal Place of Business</b> <u>2613 NW 54th St</u>		<b>3. Mailing Address</b> <u>2613 NW 54th St</u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
<b>City &amp; State</b> <u>Miami, FL</u>		<b>City &amp; State</b> <u>Miami, FL</u>		<b>4. FEI Number</b> <u>65-0844174</u>
<b>Zip</b> <u>33142</u>	<b>Country</b> <u>US</u>	<b>Zip</b> <u>33142</u>	<b>Country</b> <u>US</u>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>DO NOT WRITE IN THIS SPACE</b>			<b>7. Name and Address of Current Registered Agent</b>	
			<b>Name</b> <u>Perriman, Brett</u>	
			<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>2613 NW 54th St</u>	
			<b>City</b> <u>Miami</u> <b>FL</b> <b>Zip</b> <u>33142</u>	
<b>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. I am familiar with, and accept the obligations of registered agent.</b>				
<b>SIGNATURE</b> <u>[Signature]</u> <span style="float: right;"><u>8/8/03</u></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>				
<b>TITLE</b> <u>D</u>	<b>NAME</b> <u>McIntosh, Patricia</u>	<b>TITLE</b> <u></u>	<b>DO NOT WRITE IN THIS SPACE</b>	
<b>STREET ADDRESS</b> <u>851 NW 1203 Street</u>	<b>CITY-ST-ZIP</b> <u>Miami, FL 33169</u>	<b>STREET ADDRESS</b> <u></u>		
<b>TITLE</b> <u>D</u>	<b>NAME</b> <u>Perriman, Brett</u>	<b>TITLE</b> <u></u>	<b>DO NOT WRITE IN THIS SPACE</b>	
<b>STREET ADDRESS</b> <u>391 North Miami Beach Blvd</u>	<b>CITY-ST-ZIP</b> <u>North Miami Beach, FL 33142</u>	<b>STREET ADDRESS</b> <u></u>		
<b>TITLE</b> <u>V</u>	<b>NAME</b> <u>Footner, John L</u>	<b>TITLE</b> <u></u>	<b>DO NOT WRITE IN THIS SPACE</b>	
<b>STREET ADDRESS</b> <u>2613 NW 54th St</u>	<b>CITY-ST-ZIP</b> <u>Miami, FL 33142</u>	<b>STREET ADDRESS</b> <u></u>		
<b>TITLE</b> <u></u>	<b>NAME</b> <u></u>	<b>TITLE</b> <u></u>	<b>DO NOT WRITE IN THIS SPACE</b>	
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<b>TITLE</b> <u></u>	<b>NAME</b> <u></u>	<b>TITLE</b> <u></u>	<b>DO NOT WRITE IN THIS SPACE</b>	
<b>STREET ADDRESS</b> <u></u>	<b>CITY-ST-ZIP</b> <u></u>	<b>STREET ADDRESS</b> <u></u>		
<b>12. 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 10 or on an attachment with an address, with all other like empowered.</b>				
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				

CR2E034B (12/02)