

03

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # P98000057861

1. Entity Name *Miami Dade Physical Rehab, Litch Inc*

FILED

03 MAY 29 AM 11:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1840 W. 49th ST

3. Mailing Address

Same

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite 310

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

4. FEI Number

65-0852860

Applied For

Not Applicable

Zip

33012

Country

USA

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

E. Elizabeth Valencia

Street Address (P.O. Box Number is Not Acceptable)

1840 W 49th ST

Suite 310

City

Hialeah

FL

Zip Code
33012DO NOT WRITE
IN THIS SPACE

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.

SIGNATURE

5/20/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

NEW OFFICERS

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
Elizabeth Valencia
1840 W. 49th ST #310
Hialeah FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete
Angel Concelo, D

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPS
Victoria Giraldo
1840 W. 49th ST #310
Hialeah FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000020259480
05/29/03--01083--001 **61.50

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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.

SIGNATURE:

5/27/03

305-6980161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

5/20