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May 14, 2002 8:00 am
Secretary of State
05-14-2002 90343 044 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083378

1. Entity Name
WEST TAMPA REHAB INC

6

Principal Place of Business	Mailing Address
8907 BRIAR HOLLOW CT. TAMPA, FL 33634	8907 BRIAR HOLLOW CT TAMPA, FL. 33634

2. Principal Place of Business	3. Mailing Address
4504 SHADBERRY DRIVE	4504 SHADBERRY DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33624 Country:	Zip: 33624 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3534510 ☐ 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
ALVAREZ, JUAN C. 8907 BRIAR HOLLOW CT. TAMPA, FL. 33634	Name: ALVAREZ, JUAN C.
	Street Address (P.O. Box Number is Not Acceptable): 4504 SHADBERRY DRIVE
	City: TAMPA FL Zip Code: 33624

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 *Juan C Alvarez pres* JUAN C. ALVAREZ PRES.
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. [X] (See criteria on back)

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 / NAME / STREET ADDRESS / CITY - ST - ZIP	DP ALVAREZ, JUAN C 8907 HOLLOW CT. TAMPA, FL. 33634	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	DP ALVAREZ, JUAN C. 4504 SHADBERRY DRIVE TAMPA, FL. 33624	[X] Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	DVP ACOSTA, ILKA 14105 VILLAGE VIEW DR TAMPA, FL. 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		☐ Change ☐ Addition

CR2E034 (3/99)

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: *Juan C Alvarez* JUAN ALVAREZ, PRES. 5/6/02 (813) 348-9773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P/S. I Did Not Receive Report