## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

**MIAMI FL 33175** 

#416

11890 S.W. 40TH STREET

P98000094663 **DOCUMENT#** 

1. Entity Name

MIAMI FL 33175

#416

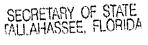
Principal Place of Business

11880 S.W. 40TH STREET

KENDALL COMPREHENSIVE REHABILITATION CENTER INC.



03 APR -1 AM 6: 37.





1/40  SW 40 ST #250	CHECK HERE IF MAKING CHANGES
MIAMI. FI MIAMI. FI STA 33165  6. Name and Address of Current Registered Agent  BERENGUER, CARLOS 725 NW 126TH COURT	5. Certificate of Status Desired \$8.75 Additional Fee Required  7. Name and Address of New Registered Agent  Name
33/65 U.S.A. 33/65 (6. Name and Address of Current Registered Agent  BERENGUER, CARLOS 725 NW 126TH COURT	7. Name and Address of New Registered Agent Name
6. Name and Address of Current Registered Agent BERENGUER, CARLOS 725 NW 126TH COURT	Name
725 NW 126TH COURT	
725 NW 126TH COURT	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code
<ol><li>The above named entity submits this statement for the purpose of changing its registe the obligations of registered agent.</li></ol>	stered office or registered agent, or both, in the State of Florida. I am familiar with, and acce
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register	E R 3/26/3 instered Agent signature required when reinstating)  DATE
	istered Agent signature required when remistating)
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIRECTORS 11	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME BERENGUER, CARLOS STREET ADDRESS 725 NW 126TH CT	TITLE
TITLE Delete TIT  NAME STREET ADDRESS ST	TITLE Change Addit  NAME  STREET ADDRESS  CITY-ST-ZIP
NAME STREET ADDRESS ST	TITLE Change Addit.  NAME  STREET ADDRESS  CITY-ST-ZIP
NAME STREET ADDRESS ST	TITLE Change Addit  NAME  STREET ADDRESS  CITY-ST-ZIP
NAME NAME STREET ADDRESS ST	TITLE Change Addit  NAME  STREET ADDRESS  CITY-ST-ZIP
NAME STREET ADDRESS ST	TITLE Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP

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 of 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.