

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029199

1. Entity Name

LYM'S REHABILITATION CENTER, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 AM 10:52

Principal Place of Business
2300 Coral Way
Suite 200
Miami, FL 33145

Mailing Address
2300 Coral Way
Suite 200
Miami, FL 33145

2. Principal Place of Business
2300 Coral Way
Suite, Apt. #, etc.
Suite # 200

3. Mailing Address
2300 Coral Way
Suite, Apt. #, etc.
Suite # 200

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
65-0911972

Applied For
Not Applicable

Zip
33145

Country
US

Zip
33145

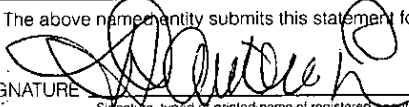
Country
US

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

6. Name and Address of Current Registered Agent
FLORIDA ANNUAL REPORT SERVICES INC.
2300 Coral Way
Suite 200
Miami, FL 33145

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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  AMADA CANTERA LOPEZ, President 4/15/01
(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. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP IGLESIAS, REINALDO 628 NW 22 AVE MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900004136059-6 -05/04/01--01042--014 ****150.00 ****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS BEADE, PABLO 628 NW 22 AVE MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an officer like empowered.

SIGNATURE:  4/15/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)