

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90004 038 \*\*\*150.00

**DOCUMENT # P99000034670**

1. Entity Name

**ELITE HEALTH & REHABILITATION CENTER, INC.**

Principal Place of Business

2102 SW 68 ST  
HIALEAH FL 33014

Mailing Address

2102 SW 68 ST  
HIALEAH FL 33014

2. Principal Place of Business

2102 W 68 ST

3. Mailing Address

2102 W 68 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

HIALEAH, FL

City &amp; State

HIALEAH, FL

4. FEI Number

65-0919396

Applied For

Not Applicable

Zip

33014

Country

Zip

33014

Country

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

CONCEPCION, JORGE  
2102 W 68 ST  
HIALEAH FL 33014

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

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.  
(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 CONCEPCION, JORGE 2102 W 68 ST HIALEAH FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONCEPCION, JORGE L 2750 WEST 68TH STREET,STE.229 HIALEAH FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONCEPCION, VANETXI 2102 W 68 ST HIALEAH FL 33014	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)