2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UBR)					n . FILED		
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					SECRETARY OF STATE TALLAHASSEE, FLOP		
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)		3. Mailing Address			· · · · · · · · · · · · · · · · · · ·		
		Suite, Apt. #, etc.	7 LEXINTON RD.		DO NOT WRITE IN THIS SPACE		
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City & State ROCKLEDGE, FL. City & State ROCKLEDGE,		. FL.		4. FEI Number Applied For Not Applied			
Zip	Country	Zip	Coun	•	5. Certificate of Status Desired \$8.75 Additional		
32955	USA	32955	US	SA	7. Name and Address of Current Registered Agent		
	a va	, ,		Name			
DO NOT WRITE IN THIS SPACE			. پ	Name MARCOS PORRAS Street Address (P.O. Box Number is Not Acceptable)			
				927 LE	XINTON RD,		
				City	FL Zip Code		
8 The above	named entity submits this statement	or the number of changin	or its registere	ROCKLE	DGE 32955 red agent, or both, in the State of Florida.		
V. 1110 GD010			ig no registers	to onlog of register	agon, or built, in the state of Florida.		
SIGNATURE	Matin			OS PORRAS	5/10/03		
	Signature, typed or printed trame of registered agen			Agent signature required	d when rematating) , DATE		
	gration is eligible to satisfy its Intangible requirement and elects to do so.	After I	May 1, Fee is		10. Election Campaign Financing \$5.00 May B		
,	ria on back)		nded UBR is ayable to De	partment of Sta	Trust Fund Contribution.		
11.	OFFICERS AND	DIRECTORS					
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SIGNATURE: MARCOS PORRAS 5/10/03 (305)822-0669

Object of Director Or Director

2002 FOR PROFIT CORPORATION

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					4. FEI Number	
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Zip 30	955 USA	Zip 32955	บร	*	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	933 03K			 -	7. Name and Address of Currer	
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				Street Address (P.O. Box Number is Not Acceptab	ole)
	IN THIS SI	PACE		927 I.E	EXINTON RD.	
				City	MINION NO.	Zip Code
				ROCKLE	DGE	FL Zip Code 32955
8. The abov	e named entity submits this statement-	for the purpose of changing	its registere	ed office or register	ed agent, or both, in the State of F	lorida.
	1 /10/					
SIGNATURE		2		IARCOS PORR		
	Signature, typoid or ported name of registered ager			d Agent signature required	when reinstating)	DATE
	oration is eligible to satisfy its Intangib			s \$550.00	10. Election Campaign F	inancing \$5.00 May Be
	requirement and elects to do so. (Amer	ded UBR i	s \$61.25	Trust Fund Contributi	ón. D Added to Fees
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11.	PS OFFICERS AND	D DIRECTORS	TIFLE	Artist State Control	effect of the same and a second	A CONTRACTOR OF THE STATE OF TH
i¦it.E NAME	PORRAS, MARCOS		NAMI	1		
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HAME STREET ADDRESS		24	THE NAME.	ST-ZIP.		
HAME STREET ADDRESS CITY-ST ZIP	certify that the information supplied with		THE NAME. STREE	ST-ZIP TADURESS ST-ZIP		

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 on an attachment with an address, with all other like impowered.

MARCOS PORRAS 5/10/03 (305) 822–0669 SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Ottochmend So#P99000045061

Porras Physical Therapy and Rehabilitation, Inc. 927 Lexington Rd.
Rockledge, Fl. 32955
(305) 822- 0669

May 10, 2003

To Whom It May Concern:

I, Marcos Porras, am sending the annual reports for 2001, 2002 and 2003 of Porras Physical Therapy and Rehabilitation, inc. late because I did not received the forms.

If you have any questions please, feel free to give me a call at the above number. Thank you in advance.

Sincerely,

Marcos Porras