2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000059594

1. Entity Name
UNITED MEDICAL GROUP & REHAB CENTER, INC.

FILED
'04 APR 15 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
11300 N.W. 87 COURT ~~SUITE 141~~ HIALEAH GARDENS, FL 33018 0	11300 N.W. 87 COURT ~~SUITE 141~~ HIALEAH GARDENS, FL 33018 0

04142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. SUITE # 141-142	Suite, Apt. #, etc. SUITE # 141-142
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0931114 ☐ 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
PERTUZ, MARGHRETH 5940 W 20 LN MIAMI, FL 33016	Name Street Address (P.O. Box Number is Not Acceptable) 11300 N.W 87 COURT City HIALEAH Garden, FL Zip Code 33018

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PERTUZ, MARGARETH R 5940 W 20 LN MIAMI, FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 11300 N.W 87 Court Suite #141-142 HIALEAH Garden, FL 33018
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BRETON, IVELIS 11300 N.W. 87 COURT, SUITE 141 HIALEAH GARDENS, FL 33016	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100033723711 04/23/04--01023--022 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARIZA, EDGARDO J 11300 N.W. 87 COURT, ~~SUITE 141~~ HIALEAH GARDENS, FL ~~33016~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SUITE # 141-142 ☒ Change ☐ Addition 33018
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

X **SIGNATURE:** [signature] 04/14/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TR