

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000059594

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



FILED
05 MAY -3 PM 12:46
CLERK OF THE CIRCUIT COURT
TALLAHASSEE, FLORIDA

Principal Place of Business
11300 N.W. 87 COURT
SUITE 141-142
HIALEAH GARDENS, FL 33018 0

Mailing Address
11300 N.W. 87 COURT
SUITE 141-142
HIALEAH GARDENS, FL 33018 0

2. Principal Place of Business
11300 N.W. 87 CRT

3. Mailing Address
same

Suite, Apt. #, etc. 141

Suite, Apt. #, etc.



05022005 Chg-P CR2E034 (10/03) 05

City & State
HIALEAH GARDENS, FL

City & State

4. FEI Number
65-0931114

Applied For
Not Applicable

Zip
33018

Country
U.S.

Zip

Country

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

6. Name and Address of Current Registered Agent

PERTUZ, MARGHRETH
11300 N W 87 CRT
HIALEAH GARDENS, FL 33018

Change Suite # 141
ONLY

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

SIGNATURE

[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
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PERTUZ, MARGARETH R
STREET ADDRESS 11300 N W 87TH CRT STE 141-142
CITY-ST-ZIP HIALEAH GARDENS, FL 33018

☐ Delete

TITLE D
NAME ARIZA, EDGARDO J
STREET ADDRESS 11300 N.W. 87 COURT, SUITE 141-142
CITY-ST-ZIP HIALEAH GARDENS, FL 33018

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

Change Suite # 141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

Change Suite # 141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

65