

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000059594

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



FILED  
06 MAY -1 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282006 Chg-P CR2E034 (11/05)



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

PERTUZ, MARGHRETH  
11300 N W 87 CRT  
SUITE 141  
HIALEAH GARDENS, FL 33018

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restatesting)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

500074811745

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