

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90382 041 ***150.00

0175928 AV

DOCUMENT # P99000075701

1. Entity Name
NELSON AVILES REHAB, INC.



Principal Place of Business
13728 SOUTHWEST 283RD TERRACE
HOMESTEAD FL 33033

Mailing Address
13728 SOUTHWEST 283RD TERRACE
HOMESTEAD FL 33033



2. Principal Place of Business
21830 SW 98 Ave
Suite, Apt. #, etc.

3. Mailing Address
21830 SW 98 Ave
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number 65-0944838

Applied For
Not Applicable

Zip 33190 Country USA

Zip 33190 Country USA

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

AVILES, NELSON
13728 SOUTHWEST 283RD TERRACE
HOMESTEAD FL 33033

Name AVILES, NELSON
Street Address (P.O. Box Number is Not Acceptable)

21830 SW 98 Ave

City MIAMI FL Zip Code 33190

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 *Nelson M Aviles*

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	PSTD <input type="checkbox"/> Delete
NAME	AVILES, NELSON M
STREET ADDRESS	13728 SOUTHWEST 283RD TERRACE
CITY-ST-ZIP	HOMESTEAD FL 33033
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Nelson M Aviles Nelson M. Aviles

4/30/03

(305) 256 4492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)