2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003
Secretary of State

DOCUMENT# P99000092178

Entity Name: DO-IT-ALL MEDICAL REHAB DIVISION INC.

Current Principal Place of Business:

10550 NW 77 CT
SUITE 301
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

Current Mailing Address:

10550 NW 77 CT
SUITE 301
HIALEAH GARDENS, FL 33016

New Mailing Address:

FEI Number: 65-0955911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACHADO, SONIA
14732 SW 46 LN
MIAMI, FL 33185 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MACHADO, SONIA
Address: 14732 SW 46 LN
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONIA MACHADO PD 05/01/2003

Electronic Signature of Signing Officer or Director Date