

2000 UNIFORM BUSINESS REPORT (UBR)

5/24/00-90042-027-\$150.00-\$150.00
 * 9/12/00-90015-006-\$550.00-\$550.00

DOCUMENT # P99000106173
 1. Entity Name
T.L.C. REHABILITATION SERVICE, INC.

FILED

00 OCT -2 AM 9:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 1385 N.W. 15TH ST. 1385 N.W. 15TH ST.
 MIAMI FL 33125 MIAMI FL 33125



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2780 SW 87 AVE **2780 SW 87 AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
108-110 **108-110**

City & State City & State
MIAMI, FL **MIAMI, FL**

Zip Country Zip Country
33165 **US** **33165** **US**

4. FEI Number Applied For
05-0966277 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
METSCH, BENJAMIN R
1385 N.W. 15TH ST.
MIAMI FL 33125

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.
 SIGNATURE **JESUS GARCIA PD** **[Signature]** **9/1/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
(See criteria on back) **After SEPTEMBER 13, 2000 Min. will be \$750.00**
Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GARCIA, JESUS <input type="checkbox"/> Delete 1385 N.W. 15TH ST. MIAMI FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HERNANDEZ, ZOILA C <input type="checkbox"/> Delete 1385 N.W. 15TH ST. MIAMI FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JESUS GARCIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2780 SW 87 AVE SUITE 108-110 MIAMI FL, 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ZOILA C. HERNANDEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2780 SW 87 AVE SUITE 108-110 MIAMI, FL, 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** **00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)