2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State
08-27-2003 90080 018 ***550.00

DOCUMENT # P99000110748

1. Entity Name
INTERNATIONAL REHAB PROFESSIONALS, INC.

Principal Place of Business	Mailing Address
17913 SW 5TH STREET PEMBROKE PINES FL 33029	17913 SW 5TH STREET PEMBROKE PINES FL 33029

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
17900 NW 5th St	4761 126th Ave
Suite, Apt. #, etc. 103	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State: Southwest Ranches, FL
Zip 33029, Country USA	Zip 33330, Country USA

4. FEI Number 65-0970057 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRANKLIN, DEHLIA
17913 SW 5TH STREET
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name: Dehlia Franklin
Street Address (P.O. Box Number is Not Acceptable): 4761 126th Ave
City: Southwest Ranches FL Zip Code 33330

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] DEHLIA FRANKLIN PRESIDENT 8/19/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
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	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FRANKLIN, DEHLIA		NAME		
STREET ADDRESS	17913 SW 5TH STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33029		CITY-ST-ZIP		
TITLE	VPS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FRANKLIN, COLLIN		NAME		
STREET ADDRESS	17913 SW 5TH ST.		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33029		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (4/03)

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 REQUIRED~~ [signature] DEHLIA FRANKLIN 8/19/03 954 435-9925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #