

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90144 038 \*\*\*158.75

0251615 AV

**DOCUMENT # P99000110775**

1. Entity Name  
**AMERICAN QUALITY REHAB AGENCY, INC.**



Principal Place of Business  
**7500 SW 8 ST. STE. 103**  
**MIAMI FL 33144**

Mailing Address  
**7500 S.W. 8TH STREET**  
**#103 103**  
**MIAMI FL 33144**



2. Principal Place of Business  
**7500 S.W. 8 street**

3. Mailing Address  
**7500 S.W. 8 street**

Suite, Apt. #, etc.  
**103**

Suite, Apt. #, etc.  
**103**

City & State  
**miami, FL**

City & State  
**miami, FL**

Zip  
**33144**

Country  
**miami-Date**

Zip  
**33144**

Country  
**miami-Date**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0980086**

Applied For  
Not Applicable

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

**PADRON, FRANCISCO**  
**7500 S.W. 8TH STREET**  
**STE. 101-A**  
**MIAMI FL 33144**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST</b> <b>PADRON, FRANCISCO</b> <b>7500 S.W. 8TH ST., STE. 101-A 103</b> <b>MIAMI FL 33144</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PADRON, FRANCISCO</b> <b>7500 S.W. 8TH ST., STE. 101-A 103</b> <b>MIAMI FL 33144</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7500 S.W. 8 street STE 103</b> <b>miami, FL 33144</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **Francisco Padron** **4/1/03**

Date

Daytime Phone #

CR2E034 (10/02)