

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
 04-17-2002 90012 019 ***150.00

UIC 210 27

DOCUMENT # V01354

1. Entity Name
PINES REHAB, INC.

Principal Place of Business
**2880 EVERGREEN WAY
 COOPER CITY FL 33026**

Mailing Address
**2880 EVERGREEN WAY
 COOPER CITY FL 33026**



2. Principal Place of Business
Pines Rehab
 Suite, Apt. #, etc.
12542 Pines Blvd.

3. Mailing Address
Pines Rehab
 Suite, Apt. #, etc.
12542 Pines Blvd.

City & State
Pembroke Pines Fl.

City & State
Pembroke Pines Fl.

Zip
33027 Country
USA

Zip
33027 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0304762** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**SERNA, ANDRES
 2880 EVERGREEN WAY
 COOPER CITY FL 33026**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SERNA, ANDRES 2880 EVERGREEN WAY COOPERCITY FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ Date **4/9/02** Daytime Phone # **(954) 885 8068**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)