# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2006**
**Secretary of State**

DOCUMENT# P01000019866

**Entity Name:** METRO REHAB OF ORLANDO, INC.

**Current Principal Place of Business:**

5390 HOFFNER AVE
STE F
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

140 NORRIS PLACE
CASSELBERRY, FL 32707

**New Mailing Address:**

**FEI Number: 59-3727306** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALCARAZ, LIZZETTE
1140 S. SEMORAN BLVD
SUITE "E"
ORLANDO, FL 32807 US

**Name and Address of New Registered Agent:**

ALCARAZ, LIZZETTE
5390 HOFFNER AVE
SUITE F
ORLANDO, FL 32812 US

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: 05/01/2006
Electronic Signature of Registered Agent — Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: ALCARAZ, LIZZETTE
Address: 1140 S. SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32807

Title: D ( ) Delete
Name: ALCARAZ, LUIS E
Address: 1140 S. SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32807

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: ALCARAZ, LIZZETTE
Address: 5390 HOFFNER AVE SUITE F
City-St-Zip: ORLANDO, FL 32812

Title: D (X) Change ( ) Addition
Name: ALCARAZ, LUIS E
Address: 5390 HOFFNER AVE. SUITE F
City-St-Zip: ORLANDO, FL 32812

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LIZZETTE ALCARAZ DIR 05/01/2006
Electronic Signature of Signing Officer or Director — Date