2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043011

Address:

City-St-Zip:

17971 BISCAYNE BLVD #103

AVENTURA, FL 33160

FILED Apr 27, 2007 Secretary of State

Entity Na	me: METRO	INJURY & REHAB CENTER, I	NC.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
SUITE 103	CAYNE BLVD 3 2A, FL 33160					
Current M	lailing Addre	ss:	New Maili	New Mailing Address:		
SUITE 103	CAYNE BLVD RA, FL 33160					
FEI Number:	: 04-3649975	FEI Number Applied For ()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
SUITE 301	S BOULEVAR					
	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registere	d office or registered agent, or both	١,
SIGNATU	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	_
Election Car	npaign Financin	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SHAPIRO, GÙ	NE BLVD #103	Title: Name: Address: City-St-Zip:	VP LEWIN, HAF 17971 BISC AVENTURA,	AYNE BLVD #103	
Title: Name:	DP (LEWIN, ROBE) Delete RT	Title: Name:		() Change () Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT LEWIN **PRES** 04/27/2007