


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 15, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P03000053617 1. Entity Name RAMIAH REHABILITATION, INC.	
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Principal Place of Business 115 E. GRANADA BLVD. SUITE 1 ORMOND BEACH, FL 32176	Mailing Address 115 E. GRANADA BLVD. SUITE 1 ORMOND BEACH, FL 32176
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**DO NOT WRITE IN THIS SPACE**



05092007 No Chg-P CR2E034 (11/05)

4. FEI Number 45-0515437	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MASBAD, RAYMOND F  
115 E. GRANADA BLVD. SUITE 1  
ORMOND BEACH, FL 32176

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)

U00000764323  
05/30/07-80058-013 150.00

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASBAD, GINA MARIE 115 E. GRANADA BLVD. SUITE 1 ORMOND BEACH, FL ORMOND BE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MASBAD, RAYMOND F 115 E. GRANADA BLVD. SUITE 1 ORMOND BEACH, FL 32176
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Raymond Masbad DATE: 05-08-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR