2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State
05-06-2005 90106 031 ***150.00

DOCUMENT # P03000146940

1. Entity Name
SALUD NATURAL REHAB CENTER, CORP.

Principal Place of Business	Mailing Address
717 PONCE DE LEON BLVD. SUITE 237 CORAL GABLES, FL 33134	717 PONCE DE LEON BLVD. SUITE 237 CORAL GABLES, FL 33134

50050570

04132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3990 W Flagler ST	3990 W Flagler St
Suite, Apt. #, etc. STE 500	Suite, Apt. #, etc. STE 500
City & State Miami, FL	City & State Miami, FL
Zip 33134 Country U.S.A	Zip 33134 Country U.S.A

4. FEI Number 20-0483058 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

URENA, RAFAEL E
717 PONCE DE LEON BLVD.
SUITE 237
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name Urena, Rafael E.
Street Address (P.O. Box Number is Not Acceptable) 3990 W Flagler St STE 500
City Miami, FL FL Zip Code 33134.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	PVS URENA, RAFAEL E 717 PONCE DE LEON BLVD. #237 CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS Urena, Rafael. E. 3990 W. Flagler ST STE 500 Miami, FL 33134.	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: X ______________________ 04-10-05 (305)648-1147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #