


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000152883

1. Entity Name
SILVER HOME HEALTH REHABILITATION CENTER, INC.



Principal Place of Business Mailing Address
3750 W 16TH AVE STE 226-A **3750 W 16TH AVE STE 226-A**
HIALEAH FL 33012 **HIALEAH FL 33012**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/06)

4. FEI Number **20-3811435** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, MARITZA
3750 W 16TH AVE STE 226-A
HIALEAH FL 33012

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when transferring) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD DIAZ, MARITZA 3750 W 16TH AVE STE 226-A HIALEAH FL 33012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD HERNANDEZ, OMAR 3750 W 16TH AVE STE 226-A HIALEAH FL 33012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ **1/23/07** Date Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR