

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000163948

FILED  
May 01, 2006  
Secretary of State

Entity Name: CLINIC 300 REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

1717 N. BAYSHORE DRIVE #129  
MIAMI, FL 331321180

**New Principal Place of Business:**

300 W. SUNRISE BOULEVARD, SUITE 9  
FORT LAUDERDALE, FL 33311

**Current Mailing Address:**

1717 N. BAYSHORE DRIVE #129  
MIAMI, FL 331321180

**New Mailing Address:**

300 W. SUNRISE BOULEVARD, SUITE 9  
FORT LAUDERDALE, FL 33311

FEI Number: 20-3988881

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PRADEL, LOUIS  
16345 SW 78 TERRACE  
MIAMI, FL 331933425 US

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

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: \_\_\_\_\_

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: P ( ) Delete  
Name: PRADEL, LOUIS  
Address: 16345 SW 78 TERRACE  
City-St-Zip: MIAMI, FL 331933425

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: P (X) Change ( ) Addition  
Name: PRADEL, LOUIS A  
Address: 16345 SW 78 TERRACE  
City-St-Zip: MIAMI, FL 331933425

Title: VP ( ) Change (X) Addition  
Name: FANFAN, JOSEPH  
Address: 300 W. SUNRISE BLVD. SUITE 9  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D ( ) Change (X) Addition  
Name: VERTUS, JEAN R  
Address: 300 W. SUNRISE BLVD. SUITE 9  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: T ( ) Change (X) Addition  
Name: MILFORT, THEOVA  
Address: 300 W. SUNRISE BOULEVARD, SUITE 9  
City-St-Zip: FORT LAUDERDALE, FL 33311

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: LOUIS A. PRADEL

P

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date