

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000001006	
1. Entity Name DADE REHAB CORP.	

Principal Place of Business 104 CRANDON BLVD SUITE 419 KEY BISCAYNE, FL 33149 US	Mailing Address 104 CRANDON BLVD SUITE 419 KEY BISCAYNE, FL 33149 US
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01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0390507	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SOTO, MYRNA 419 KEY EXECUTIVE BLDG 104 CRANDON BLVD KEY BISCAYNE, FL 33149
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**DO NOT WRITE
IN THIS SPACE**

6. 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, 2006 Fee will be \$550.00**

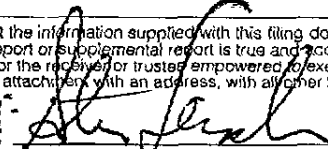
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPENCER, S A 104 CRANDON BLVD STE 419 KEY BISCAYNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LEISCHNER, STEVEN 1979 DOGWOOD DRIVE SCOTCH PLAINS, NJ 07076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOTO, MYRNA 104 CRANDON BLVD STE 419 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/23/06-80022-015 150.00

**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:  Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-06 305-361-8864
Date Daytime Phone #