

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P04000154769

1. Entity Name  
T & R REHAB INC



Principal Place of Business

3130 WEST 84TH ST.  
UNIDA #7  
HIALEAH, FL 33018

Mailing Address

3130 WEST 84TH ST.  
UNIDA #7  
HIALEAH, FL 33018



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1884748

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

REVERON, RUTH  
932 WEST 79 PLACE  
N/A  
HIALEAH, FL 33014

**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

*Ruth Reveron* PST.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01-04-2007  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

U00000579831  
01/10/07-80024-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	REVERON, RUTH
STREET ADDRESS	932 WEST 79 PLACE
CITY-STATE-ZIP	HIALEAH, FL 33014
TITLE	V
NAME	TEJERA, GREGORIO A
STREET ADDRESS	10970 NW 7TH ST
CITY-STATE-ZIP	CORAL SPRINGS, FL 330717955
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**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:

*Ruth Reveron* RUTH REVERON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-04-2007 (305) 828889  
Date Daytime Phone #