


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G80699 1. Entity Name DADE PHYSICAL THERAPY REHAB, INC.					
Principal Place of Business 7800 SW 87TH AVENUE, SUITE B205 MIAMI, FL 33173 US			Mailing Address PO BOX 380546 BIRMINGHAM, AL 35243 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2394368	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! - FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	CPD GRINNEY, JAY ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DOODY, GREGORY L ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WORKMAN, JOHN ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DEMARAY, DREW C ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Lucy Hicks One Healthsouth Park Birmingham AL 35243 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MENKE, BRIAN M ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SNOW, MICHAEL D ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input checked="" 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 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: _____ DATE: _____ DAYTIME PHONE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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06 MAY 16 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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