

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90057 003 ****61.25

DOCUMENT # N07000006337					
1. Entity Name THE PARKINSON CHARITABLE REHABILITATION, INC.					
Principal Place of Business 9301 S.W. 56TH STREET SUITE D MIAMI, FL 33165			Mailing Address 9301 S.W. 56TH STREET SUITE D MIAMI, FL 33165		
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	4. FEI Number 74-3221135	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SASSO, PAUL R ESQUIRE 7721 S.W. 62ND AVENUE SUITE 202 SOUTH MIAMI, FL 33143			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 _____ Signature of the individual who is the registered agent and the filer of this report. If the filer is a registered agent, the filer must be a resident of the State of Florida.					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GARCIA, OSVALDO J 9301 SW 56 STREET, SUITE D MIAMI, FL 33165	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DOMINGUEZ, ANTHONY 9301 SW 56 STREET, SUITE D MIAMI, FL 33165	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GONZALEZ, CARLOS M 9301 SW 56 STREET, SUITE D MIAMI, FL 33165	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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 617, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Osvaldo J Garcia 01-08-08 305-412363			