

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000007911

FILED
Jan 11, 2006
Secretary of State

Entity Name: INJURIES REHAB. CENTER INC

Current Principal Place of Business:

7801 CORAL WAY, #132
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

7801 CORAL WAY, #132
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-1014210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUENTES, CATALINA
10060 S.W. 4TH STREET
MIAMI, FL 33174 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FUENTES, CATALINA
Address: 10060 S.W. 4TH STREET
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CATALINA FUENTES

P

01/11/2006

Electronic Signature of Signing Officer or Director

Date