

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000011975

FILED  
Apr 21, 2006  
Secretary of State

Entity Name: HEALIS REHABILITATION CENTER, INC.

## Current Principal Place of Business:

18001 OLD CUTLER ROAD  
SUITE 368  
PALMETTO BAY, FL 33157 US

## New Principal Place of Business:

## Current Mailing Address:

18001 OLD CUTLER ROAD  
SUITE 368  
PALMETTO BAY, FL 33157 US

## New Mailing Address:

FEI Number: 65-0979970      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DON MOORE  
100 SE 2ND ST.  
MIAMI, FL 33131 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: PD ( ) Delete  
Name: ATTONG, HEATHER  
Address: 16780 SW 78 AV  
City-St-Zip: PALMETTO BAY, FL 33157

Title: VPD ( ) Delete  
Name: GALVEZ, LISA  
Address: 10526 S.W. 127TH PLACE  
City-St-Zip: MIAMI, FL 33186

Title: STD ( ) Delete  
Name: GALVEZ, LISA  
Address: 16681 SW 78 AV  
City-St-Zip: PALMETTO BAY, FL 33157

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: HEATHER ATTONG

PD

04/21/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date