2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000017165

Entity Name: NATIONAL REHABILITATION OF SOUTH FLORIDA, INC.

FILED Mar 07, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Julicut i illicipui i luce di Busiliess.	New i interput i luce of Business.

 3750 W 16 AVE
 2800 W 84 STREET

 206
 SUITE 12

 HIALEAH, FL 33012
 HIALEAH, FL 33018

Current Mailing Address: New Mailing Address:

 3750 W 16 AVE
 2800 W 84 STREET

 206
 SUITE 12

 HIALEAH, FL 33012
 HIALEAH, FL 33018

FEI Number: 65-0983891 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PI, JULIETA
3750 S. 16TH AVE.
STE. 206
HIALEAH, FL 33012 US

IGLESIAS, MANUEL E
121 ALHAMBRA PLAZA
10 FLOOR
CORAL GABLES, FL 33134 US

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: MANUEL E IGLESIAS 03/07/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVS () Delete Title: (X) Change () Addition GRABERAN, NILDA Name: PI, JULIETA Name: 3750 W 16 AVE 2800 W 84 ST, STE 12 Address: Address: City-St-Zip: HIALEAH, FL 33012 City-St-Zip: HIALEAH, FL 33018

Title: TD (X) Delete Title: () Change () Addition

 Name:
 PI, JULIETA
 Name:

 Address:
 3750 W 16 AVE
 Address:

 City-St-Zip:
 HIALEAH, FL 33012
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NILDA GRABERAN PSD 03/07/2005