2005

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # P0000039179 1. Entity Name 05 JAN 26 PH 1:57 ROSA REHABILITATION CENTER, INC. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address same as principal 6801 NW 77 Ave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 110 City & State Applied For City & State 4. FEI Number 65-1000727 Miami, FL. Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33166 Fee Required USA 7. Name and Address of Current Registered Agent CARIDAD TORRES DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 6801 NW 77th Ave IN THIS SPACE Ste 110 Zip Code **33166** Miami 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 CARIDAD TORRES (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE P/DTORRES, CARIDAD 6801 NW 77 Ave #110 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP <u> Miami, FL. 33166</u> TITLE S/D TITLE ROSA, CARIDAD NAME NAME STREET ADDRESS 6801 NW 77 Ave #110 STREET ADDRESS CITY-ST-ZIF Miami, FL. 33166 CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE NAME 800045885988 STREET ADDRESS STREET ADDRESS 02/03/05--01002--017 CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or on an attachment with an address with all other like empowered.

SIGNATURE:

CARIDAD TORRES

1/24/05 (786)271-3044