

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000064343

**FILED**  
**Aug 22, 2005**  
**Secretary of State**

**Entity Name:** MIAMI MEDICAL AND REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

450 S MAIN STREET  
LA BELLE, FL 33935

**New Principal Place of Business:**

3670 NW 1ST STREET  
MIAMI, FL 33125

**Current Mailing Address:**

PO BOX 430811  
SOUTH MIAMI, FL 33243

**New Mailing Address:**

3670 NW 1ST STREET  
MIAMI, FL 33125

**FEI Number:** 65-1023994

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PENTIERRA, CRISTINA  
3670 NW 1ST  
MIAMI, FL 33125 US

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

RUIZ, FELIPE  
3670 NW 1ST STREET  
MIAMI, FL 33125 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: F. RUIZ

08/22/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/S ( ) Delete  
Name: PENTIERRA, CRISTINA  
Address: 3670 NW 1ST  
City-St-Zip: MIAMI, FL 33125

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS (X) Change ( ) Addition  
Name: RUIZ, FELIPE  
Address: 3670 NW 1ST STREET  
City-St-Zip: MIAMI, FL 33125

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: F. RUIZ

PRES

08/22/2005

Electronic Signature of Signing Officer or Director

Date