

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90166 030 ***150.00

DOCUMENT # P00000065334					
1. Entity Name MT. SINAI REHAB CENTER, INC.					
Principal Place of Business 14105 VILLAGE VIEW DR. TAMPA, FL 33624			Mailing Address 14105 VILLAGE VIEW DR. TAMPA, FL 33624		
2. Principal Place of Business 1943 W. MLK JR Blvd		3. Mailing Address 1943 W. M.L.K JR. Blvd			
Suite, Apt #, etc		Suite, Apt. #, etc.			
City & State Tampa FL		City & State TAMPA FL		4. FEI Number 59-3655632	
Zip 33607		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ACOSTA, ILKA D 14105 VILLAGE VIEW DR. TAMPA, FL 33624			7. Name and Address of New Registered Agent Name: JULES, SAMSON Street Address (P.O. Box Number is Not Acceptable): 1943 W. M.L.K JR. Blvd. City: TAMPA FL Zip Code: 33607		
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. I am familiar with, and accept the obligations of registered agent					
SIGNATURE: <i>[Signature]</i>		SAMSON JULES		4 27 06	
Signature, typed or printed name of registered agent and date if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D	NAME ACOSTA, ILKA D	<input checked="" type="checkbox"/> Delete			
STREET ADDRESS 14105 VILLAGE VIEW DR.					
CITY-ST-ZIP TAMPA, FL 33624					
TITLE D	NAME JULES, SAMSON	<input type="checkbox"/> Delete			
STREET ADDRESS 1515 WEST LIMEAUGH AVE					
CITY-ST-ZIP TAMPA, FL 33612					
TITLE 	NAME 	<input type="checkbox"/> Delete			
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	NAME 	<input type="checkbox"/> Delete			
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TITLE 	NAME 	<input type="checkbox"/> Delete			
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	NAME 	<input type="checkbox"/> Delete			
STREET ADDRESS 					
CITY-ST-ZIP 					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: <i>[Signature]</i>		PRESIDENT		4/27/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SAMSON JULES		Date Daytime Phone #	