2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2005
Secretary of State

DOCUMENT# P00000065581

Entity Name: MILLER REHABILITATION CENTER, CORP.

Current Principal Place of Business:

807 SW 25TH AVE
SUITE 302
MIAMI, FL 33135

New Principal Place of Business:

807 SW 25TH AVE
SUITE 300
MIAMI, FL 33135

Current Mailing Address:

807 SW 25TH AVE
SUITE 302
MIAMI, FL 33135

New Mailing Address:

807 SW 25TH AVE
SUITE 300
MIAMI, FL 33135

FEI Number: 65-1023492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, J.EVERETT
2151 LE JEONE RD
CORAL GABLES, FL 33134 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: RAMOS, AIDA
Address: 807 SW 25TH AVE,SUITE 302
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RAMOS, AIDA
Address: 807 SW 25TH AVE,SUITE 300
City-St-Zip: MIAMI, FL 33135

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: AIDA RAMOS PD 02/06/2005

Electronic Signature of Signing Officer or Director Date