

FILED
Mar 11, 2005 8:00 am
Secretary of State

02-09-2005 90058 025 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000080163 1. Entity Name DORAL REHABILITATION SERVICES, INC.	
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Principal Place of Business 7500 NW 25 ST. #202 MIAMI, FL 33178	Mailing Address 5225 NW 105 CT MIAMI, FL 33178
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66004258



DO NOT WRITE IN THIS SPACE

01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1034509	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CABAL, LILIANA
5225 NW 105 CT
MIAMI, FL 33178

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reconstituting.

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CABAL, LILIANA P 5225 NW 105 COURT MIAMI, FL 33178
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Liliana Cabal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/05
Date

(305)597-0318
Daytime Phone #