

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000094176

FILED
Feb 28, 2007
Secretary of State

Entity Name: WEST DIXIE REHAB. AND MEDICAL CENTER, INC.

Current Principal Place of Business:

14908 WEST DIXIE HWY
MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

14908 WEST DIXIE HWY
MIAMI, FL 33181

New Mailing Address:

FEI Number: 65-1048592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOSTY, ANDRE
14908 W DIXIE HWY
MIAMI, FL 33181 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: P () Delete
Name: MULSE, ARY
Address: 5910 NE 6 CT
City-St-Zip: MIAMI, FL 33137

Title: PD () Delete
Name: HOSTY, ANDRE
Address: 2235 NW 76 TERR
City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOSTY, ANDRE
Address: 2235 N W 76 TERR
City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPS () Change (X) Addition
Name: HOSTY, GRACITA
Address: 2235 NW 76 TERR
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ANDRE HOSTY

PD

02/28/2007

Electronic Signature of Signing Officer or Director

Date