

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000094176

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

FILED  
Apr 17, 2008  
Secretary of State

**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: HOSTY, ANDRE  
Address: 2235 N W 76 TERR  
City-St-Zip: PEMBROKE PINES, FL 33024

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

04/17/2008

Electronic Signature of Signing Officer or Director

Date