


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90123 025 ***150.00

DOCUMENT # P00000100906	
1. Entity Name	
FLORIDA MEDICAL AND REHABILITATION CENTER, INC.	

Principal Place of Business	Mailing Address
7171 CORAL WAY 417 MIAMI FL 33155	7171 CORAL WAY 417 MIAMI FL 33155

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EALARDI, ESIO F 7171 CORAL WAY SUITE 219 MIAMI FL 33155		Name <u>Rubio Alberto</u> Street Address (P.O. Box Number is Not Acceptable) <u>1947 NW 32ND ST</u> City <u>Miami</u> FL Zip Code <u>33142</u>	

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] (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUBIO, ALBERTO 1947 N.W. 32ND ST. MIAMI FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____