2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000106201

1. Entity Name
ALL DADE REHABILITATION CENTER, INC.

Principal Place of Business	Mailing Address
7235 S.W. 24TH ST. STE. 214 MIAMI, FL 33155 US	7235 S.W. 24TH ST. STE. 214 MIAMI, FL 33155 US

DO NOT WRITE IN THIS SPACE

04292005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1055946	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORENO, NATACHA F
959 NW 126 CT.
MIAMI, FL 33182

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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 reinstating)   DATE

U00000351672
05/02/05-80156-003 150.00

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	PD
NAME	MORENO, NATACHA F
STREET ADDRESS	880 SW 129 PL, APT. 208
CITY-ST-ZIP	MIAMI, FL 33184

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
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CITY-ST-ZIP	

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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: _X_____   4/29/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #