

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

03-14-2007 90030 044 \*\*\*150.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
40035551

DOCUMENT # P00000113853

1. Entity Name  
FIGUEROA & COLINA REHABILITATION SERVICES, INC.



Principal Place of Business

900 E. OCEAN BLVD  
244  
STUART, FL 34994

Mailing Address

2914 SE DALHART ROAD  
PORT ST LUCIE, FL 34952

DO NOT WRITE IN THIS SPACE

02202007 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-1061861

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FIGUEROA, FERNANDO  
2914 SE DALHART ROAD  
PORT ST LUCIE, FL 34952

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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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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  
PSD  
FIGUEROA, FERNANDO  
2914 SE DALHART ROAD  
PORT ST LUCIE, FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VTD  
COLINA-CORREA, ANA  
108 SE VILLAGE DR  
PORT ST LUCIE, FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FERNANDO FIGUEROA 7/23/07 772-223-4563