

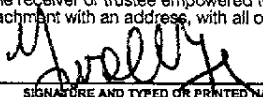


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000011573			
1. Entity Name TOTAL QUALITY REHAB, INC.			
Principal Place of Business 7821 CORAL WAY, STE 120 MIAMI, FL 33155-6542		Mailing Address 7821 CORAL WAY, STE 120 MIAMI, FL 33155-6542	
DO NOT WRITE IN THIS SPACE			
		01032006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-1072196	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOMEZ, YVONNE I 7821 CORAL WAY, STE 120 MIAMI, FL 33155-6542		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000533838 05/06/06-80139-016 158.75
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GOMEZ, YVONNE I 7821 CORAL WAY, STE 120 MIAMI, FL 331556542		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, YVONNE I 7821 CORAL WAY, STE 120 MIAMI, FL 331556542		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASTELLANOS, HAROLD 7821 CORAL WAY, SUITE 120 MIAMI, FL 331556542		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		1/6/06 305 264-9934	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	