

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90077 015 ***150.00

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DOCUMENT # P01000019866 1. Entity Name METRO REHAB OF ORLANDO, INC.					
Principal Place of Business 1140 S. SEMORAN BLVD SUITE "E" ORLANDO, FL 32807			Mailing Address 1140 S. SEMORAN BLVD SUITE "E" ORLANDO, FL 32807		
2. Principal Place of Business 5390 HOFFNER AVE.			3. Mailing Address 140 NORRIS PLACE		
Suite, Apt. #, etc. SUITE F			Suite, Apt. #, etc. 		
City & State ORLANDO, FL			City & State CASSELBERRY, FL		
Zip 32812		Country ORAN USA		Zip 32707	
Country USA		4. FEI Number 59-3727306			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALCARAZ, LIZZETTE 1140 S. SEMORAN BLVD SUITE "E" ORLANDO, FL 32807			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Alcaraz</i></u> DATE <u>3/30/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALCARAZ, LIZZETTE <input type="checkbox"/> Delete 1140 S. SEMORAN BLVD ORLANDO, FL 32807		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALCARAZ, LUIS E <input type="checkbox"/> Delete 1140 S. SEMORAN BLVD ORLANDO, FL 32807		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 exemption stated in Section 119.07(3)(f), 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: <u><i>Alcaraz</i></u> <u>3/30/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					