

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000048236

Entity Name: EAST GABLES REHAB, INC.

FILED  
Jul 14, 2006  
Secretary of State

## Current Principal Place of Business:

1140 WEST 50TH ST SUITE 400  
HIALEAH, FL 33012

## New Principal Place of Business:

4160 WEST 16TH AVE  
SUITE 101  
HIALEAH, FL 33012

## Current Mailing Address:

1140 WEST 50TH ST SUITE 400  
HIALEAH, FL 33012

## New Mailing Address:

4160 WEST 16TH AVE  
SUITE 101  
HIALEAH, FL 33012

FEI Number: 65-1104516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LURBE, DALIA M  
161 NE MIAMI GARDENS DRIVE  
NORTH MIAMI, FL 33179 US

## Name and Address of New Registered Agent:

LURBE, DALIA M  
4160 WEST 16TH AVE  
SUITE 101  
HIALEAH, FL 33012 US

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.

SIGNATURE: DALIA M LURBE

07/14/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: IZQUIERDO, CARLOS M  
Address: 1140 WEST 50TH ST SUITE 400  
City-St-Zip: HIALEAH, FL 33012

Title: D ( ) Delete  
Name: LURBE, DALIA M  
Address: 1140 WEST 50TH ST SUITE 400  
City-St-Zip: HIALEAH, FL 33012

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: IZQUIERDO, CARLOS M  
Address: 4160 WEST 16TH AVE SUITE 101  
City-St-Zip: HIALEAH, FL 33012

Title: D (X) Change ( ) Addition  
Name: LURBE, DALIA M  
Address: 4160 WEST 16TH AVE SUITE 101  
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS M IZQUIERDO

P

07/14/2006

Electronic Signature of Signing Officer or Director

Date