

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90047 030 ***150.00

DOCUMENT # P01000086365

1. Entity Name

GOSPA REHABILITATION INC



Principal Place of Business

1490 W. 49 PL
SUITE 370
HIALEAH FL 33012

Mailing Address

1490 W. 49 PL
SUITE 370
HIALEAH FL 33012



2. Principal Place of Business - No P.O. Box #

1490 W 49 Place

Suite, Apt. #, etc.
Suite 370

City & State
Hialeah Florida

Zip
33012

Country
USA

3. Mailing Address

1490 W 49 Place

Suite, Apt. #, etc.
Suite 370

City & State
Hialeah Florida

Zip
33012

Country
USA

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-1139371

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JEAN, GAITH M
1490 W. 49 PL
SUITE 370
HIALEAH FL 33012

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

Gaith Jean

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

1/26/07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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
PD
JEAN M., GAITH M
1490 W. 49 PL SUITE 370
HIALEAH FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SVD
JEAN, RACHEL
1490 W. 49 PL SUITE 370
HIALEAH FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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NAME
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Gaith Jean

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/07 (307) 698/1232
Date Daytime Phone #