

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000109695

FILED  
Aug 04, 2005  
Secretary of State

Entity Name: CORAL-MED REHABILITATION INC.

**Current Principal Place of Business:**

2760 SW 97 AVENUE  
STES 109-110  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

2760 SW 97 AVENUE  
STES 109-110  
MIAMI, FL 33165

**New Mailing Address:**

FEI Number: 61-1405771      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BORCHES, MANUELA  
10605 S.W. 136 CT.  
MIAMI, FL 33186      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BORCHES, MANUELA  
Address: 10605 S.W. 136 CT.  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MANUELA BORCHES

PD

08/04/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date