


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000113423	
1. Entity Name ADVANCED TRAUMA & REHAB, INC.	

Principal Place of Business 7821 CORAL WAY, SUITE 111 MIAMI, FL 33155	Mailing Address 7821 CORAL WAY, SUITE 111 MIAMI, FL 33155
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03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0554802	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALFONSO, CALIXTO JR 7821 CORAL WAY, SUITE 111 MIAMI, FL 33155

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALFONSO, CALIXTO JR 7821 CORAL WAY, SUITE 111 MIAMI, FL 33155
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03/31/05-80031-007 150.00

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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/05 (305) 261-6200
Date Daytime Phone #