

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90015 008 ***150.00

60004819



01182007 Chg-P CR2E034 (12/06)

4. FEI Number **32-0011427** Applied For ☐ Not Applicable ☐

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

DOCUMENT # P02000044863

1. Entity Name
BROWARD MANUAL REHAB, INC.



Principal Place of Business
**7881 CATALINA CIRCLE
TAMARAC, FL 33321**

Mailing Address
**665 SE 10TH ST
201
DEERFIELD BEACH, FL 33441**

2. Principal Place of Business - No P.O. Box # **4959 N. State Rd 7** 3. Mailing Address

Suite, Apt. #, etc. **Suite D** Suite, Apt. #, etc.

City & State **Tamarac FL** City & State

Zip **33319** Country **US** Zip Country

6. Name and Address of Current Registered Agent

**DICVESCENZO, ANGELA
665 SE 10TH STREET
201
DEERFIELD BEACH, FL 33441**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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	D COSMIOS, DIMITRI 7881 CATALINA CIRCLE TAMARAC, FL 33321	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]* **1/17/07** Date Daytime Phone #