

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000055826**

1. Entity Name  
**TROPICAL REHABILITATION SERVICES OF SOUTH  
FLORIDA, INC.**



Principal Place of Business  
**11252 S.W. 152ND PLACE  
MIAMI, FL 33196**

Mailing Address  
**11252 S.W. 152ND PLACE  
MIAMI, FL 33196**



01032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**74-3045402**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**VARGAS, REINALDO  
11252 S.W. 152ND PLACE  
MIAMI, FL 33196**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000478987  
04/08/06-80026-025 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
VARGAS, REINALDO  
11252 S.W. 152ND PLACE  
MIAMI, FL 33196**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
DE AZA, THOMAS  
11252 S.W. 152ND PLACE  
MIAMI, FL 33196**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
FERRAR, ROBERT  
11252 S.W. 152ND PLACE  
MIAMI, FL 33196**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-22-06 (305) 562-1396**

Date

Daytime Phone