

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000080701	
1. Entity Name X-TREME REHAB INC.	

Principal Place of Business 11890 SW 8TH ST. STE. 400 MIAMI, FL 33184	Mailing Address 229: 11TX9U !!TU TLF7511 NEWJCU44295
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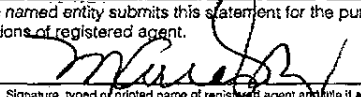
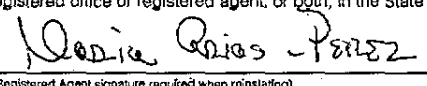
04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3872167	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ARIAS-PEREZ, MARIA 11890 SW 8TH STREET, SUITE 400 MIAMI, FL 33184

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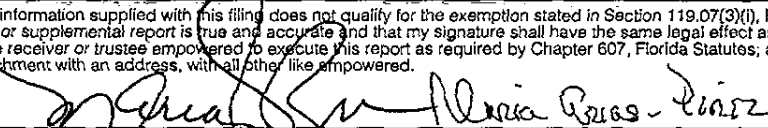
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE: 		DATE: 4/13/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ARIAS-PEREZ, MARIA 11890 SW 8TH STREET, SUITE 400 MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEREZ, ANGEL 11890 SW 8TH STREET, SUITE 400 MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, OSCAR A 15243 SW 29TH TERRACE MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/18/05-80055-007 150.00

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: 	DATE: 4/13/05	DAYTIME PHONE: 305 559-7717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		