2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000101467 1. Entity Name A & A MEDCARE REHABILITATION, INC. Principal Place of Business 5799 SW 8TH ST Mailing Address 5799 SW 8TH ST	Jan 27, 2005 08:00 AM Secretary of State
1. Éntity Name A & A MEDCARE REHABILITATION, INC. Principal Place of Business Mailing Address 5799 SW 8TH ST 5799 SW 8TH ST	
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	01242005 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE	4. FEI Number Applied For
	47-0890477 Not Applicat 5. Continue to Status Decired Section Section 1
	5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent	
MORALES, IRELA	DO NOT WRITE
1141 NW 30 COURT	
MIAMI, FL 33125	IN THIS SPACE
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3. The above named entity submits this statement for the purpose of changing its registered office o	and before discount on both in the Challe of Florida, I am familiar with and appear
 The above named entity submits this statement for the purpose of changing its registered office of the obligations of registered agent. 	r registered agent, or both, in the state of Florida. Taliffamiliar with, and acce
SIGNATURE	en general de la company de
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signal	ture required when reinstating) DATE
9. Election Campaign Financing	\$5.00 May Be
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.	
IO. OFFICERS AND DIRECTORS	`
TILE PD	
WAME MORALES, IRELA STREET ADDRESS 11141 NW 30 COURT	
CITY-ST-ZIP MIAMI, FL 33125	000000198911 01/27/05-80067-023 150.00
TITLE	01/21/05-80061-023 150.00
NAME	
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CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption st	ated in Section 119,07(3)(i), Florida Statutes. I further cartify that the information
12. I hereby certify that the information supplied with this filling does not qualify for the exemption straindicated on this report or supplemental report is true and accurate and that my signature shall of the corporation or the receiver or trustee empowered to execute this report as required by Changed or on attachment with an address with the little true.	have the same legal effect as if made under oath; that I am an officer or direct hapter 607. Florida Statutes; and that my name appears in Block 10 or Block 1
changed, or on an attachment with all address, with all buildinke empowered,	, , , , , , , , , , , , , , , , , , ,
SIGNATURE: July Smally.	± φ5m4

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR