

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 A
Secretary of State

DOCUMENT # P02000109982

1. Entity Name

FLORIDA REHAB PROFESSIONALS, INC.



Principal Place of Business

401 MIRACLE MILE
SUITE 403
CORAL GABLES, FL 33134

Mailing Address

401 MIRACLE MILE
SUITE 403
CORAL GABLES, FL 33134



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0119506	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HEREDIA, LYNDA
401 MIRACLE MILE
SUITE 403
CORAL GABLES, FL 33134

**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 Lyndie Heredia Lynda Heredia Vice President 01-20-06
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

000000398437
01/30/06-80094-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	FLOREZ-GARCIA, GINA
STREET ADDRESS	401 MIRACLE MILE #403
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	VSD
NAME	HEREDIA, LYNDA
STREET ADDRESS	401 MIRACLE MILE #403
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X Lyndie Heredia Lynda Heredia 01-20-06 (3)446-109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #