


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90107 031 ***150.00

DOCUMENT # P02000115998 1. Entity Name REMEDIOS REHABILITATION CENTER, CORP.					
Principal Place of Business 11300 NW 87 COURT STE #164 HIALEAH GARDEN, FL 33018			Mailing Address 11300 NW 87 COURT STE #164 HIALEAH GARDEN, FL 33018		
2. Principal Place of Business <i>11300 NW 87 CT</i> Suite, Apt. #, etc. <i>STE # 164</i>			3. Mailing Address <i>11300 NW 87 CT</i> Suite, Apt. #, etc. <i>STE # 164</i>		
City & State <i>Hialeah Gardens, FL</i> Zip <i>33018</i>		City & State <i>Hialeah Garden, FL</i> Zip <i>33018</i>		4. FEI Number 14-1853098	
Country <i>U.S.A.</i>		Country <i>U.S.A.</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ACOSTA, JULIO 2735 WEST 52 ST., #402 HIALEAH, FL 33016				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, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACOSTA, JULIO 2735 WEST 52 ST., #402 HIALEAH, FL 33016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROQUETA, LUIS MARIANO 11300 NW 87 CT. HIALEAH GARDENS, FL 33018	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACOSTA, JULIO 2735 W 52 ST #402 Hialeah, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROQUETA, LUIS MARIANO 11300 NW 87 CT. HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACOSTA, JULIO 2735 W 52 ST #402 Hialeah, FL 33016	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROQUETA, LUIS MARIANO 11300 NW 87 CT. HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACOSTA, JULIO 2735 W 52 ST #402 Hialeah, FL 33016	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <i>03/10/05 (305) 962-0165</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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03102005 Chg-P CR2E034 (10/03)