

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90012 008 \*\*\*150.00

**DOCUMENT # P02000102454**



1. Entity Name  
**GABLES TRAUMA & REHAB CENTER, INC.**

Principal Place of Business      Mailing Address  
**717 PONCE DE LEON BLVD      717 PONCE DE LEON BLVD**  
**208      208**  
**CORAL GABLES, FL 33134      CORAL GABLES, FL 33134**

**44013994**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

02192004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**36-4517623**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
~~ZURITA, ERIC  
 14997 SW 32 LN  
 MIAMI, FL 33185~~

**7. Name and Address of New Registered Agent**  
 Name **ZURITA, JOSE R.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**717 PONCE DE LEON BLVD.**  
 City **CORAL GABLES**      FL      Zip Code **33134**

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 *Jose R. Zurita*      **JOSE R. ZURITA**      DATE **2/21/04**  
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**      9. Election Campaign Financing      **\$5.00** May Be  
**After May 1, 2004 Fee will be \$550.00**      Trust Fund Contribution.            Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<del>P</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>ZURITA, DERLLINGER</del>	
STREET ADDRESS	<del>14997 SW 32 LN</del>	
CITY-ST-ZIP	<del>MIAMI, FL 33185</del>	
TITLE	<del>VS</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>ZURITA, DERLLINGER</del>	
STREET ADDRESS	<del>14997 SW 32 LN</del>	
CITY-ST-ZIP	<del>MIAMI, FL 33185</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZURITA, JOSE R.</b>	
STREET ADDRESS	<b>717 PONCE DE LEON BLVD</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL. 33134</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Jose R. Zurita*      **2/21/04**      **786 2814501**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #