

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: 717 PONCE DE LEON BLVD, 208 CORAL GABLES, FL 33134
 Mailing Address: 717 PONCE DE LEON BLVD, 208 CORAL GABLES, FL 33134

44013994

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02192004 Chg-P CR2E034 (10/03)

City & State

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

Zip: Country

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)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

~~TITLE: P
 NAME: ZURITA, DERLLINGER
 STREET ADDRESS: 14997 SW 32 LN
 CITY-ST-ZIP: MIAMI, FL 33185~~

TITLE: P/S
 NAME: ZURITA, JOSE R.
 STREET ADDRESS: 717 PONCE DE LEON BLVD
 CITY-ST-ZIP: CORAL GABLES, FL. 33134

~~TITLE: VS
 NAME: ZURITA, DERLLINGER
 STREET ADDRESS: 14997 SW 32 LN
 CITY-ST-ZIP: MIAMI, FL 33185~~

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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* DATE: 2/21/04 DAYTIME PHONE: 786 2814501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR