

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90052 031 ***150.00

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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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
36-4517623

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZURITA, JOSE R
717 PONCE DE LEON BLVD
MIAMI, FL 33134**

Name **ERIC ZURITA**

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

Signature of duly authorized name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/19/06

**FILE NOW!!! FEE IS \$450.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PS ZURITA, JOSE R**
STREET ADDRESS **717 PONCE DE LEON BLVD**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **PD ZURITA, ERIC**
STREET ADDRESS **717 PONCE DE LEON BLVD #208**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☒ Change ☐ Addition
NAME **SECRETARY.**
STREET ADDRESS **ZURITA JOSE R**
CITY-ST-ZIP **717 PONCE DE LEON BLVD #208**
CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 reports 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**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/06 (786)281-4501