


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90047 040 \*\*\*150.00

**DOCUMENT # P02000132454**

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

40028985



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

717 Ponce De Leon Blvd      717 Ponce De Leon Blvd  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

\*221      \*221

02282007    Chg-P      CR2E034 (12/06)

City & State      City & State

Coral Gables FL      Coral Gables FL

Zip      Country      Zip      Country

33134      US      33134      US

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  
 717 PONCE DE LEON BLVD 221  
 MIAMI, FL 33134

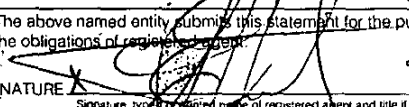
7. Name and Address of New Registered Agent

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:       DATE: 2/28/07

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ZURITA, JOSE R	
STREET ADDRESS	717 PONCE DE LEON BLVD #208 221	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZURITA, ERIC A	
STREET ADDRESS	717 PONCE DE LEON BLVD #208 221	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
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		<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		
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 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 recorder 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:       DATE: 2/28/07      (305) 461-5270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #