

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132454

FILED
Apr 25, 2008
Secretary of State

Entity Name: GABLES TRAUMA & REHAB CENTER, INC.

Current Principal Place of Business:

717 PONCE DE LEON BLVD
#221
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

717 PONCE DE LEON BLVD
#221
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 36-4517623 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZURITA, ERIC
717 PONCE DE LEON BLVD
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

ZURITA, ERIC A
717 PONCE DE LEON BLVD
MIAMI, FL 33134 US

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.

SIGNATURE: ERIC ZURITA 04/25/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZURITA, JOSE R
Address: 717 PONCE DE LEON BLVD #208
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: ZURITA, ERIC A
Address: 717 PONCE DE LEON BLVD #208
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NEYRA, GUILLERMO J
Address: 717 PONCE DE LEON BLVD #221
City-St-Zip: CORAL GABLES, FL 33134

Title: S (X) Change () Addition
Name: ZURITA, ERIC A
Address: 717 PONCE DE LEON BLVD #221
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC A. ZURITA S 04/25/2008

Electronic Signature of Signing Officer or Director Date