

# 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