

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000045618

FILED
Sep 14, 2006
Secretary of State

Entity Name: GABLES REHABILITATION, INC.

Current Principal Place of Business:

7171 SW 24 ST STE 219
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

7171 SW 24 ST STE 219
MIAMI, FL 33155

New Mailing Address:

FEI Number: 04-3753756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORREA, FLAVIO
7171 SW 24 ST STE 219
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: REVUELTA, TAMARA
Address: 7171 SW 24 ST STE 219
City-St-Zip: MIAMI, FL 33155

Title: DV () Delete
Name: CORREA, FLAVIO
Address: 7171 SW 24 ST STE 219
City-St-Zip: MIAMI, FL 33155

Title: S (X) Delete
Name: RAFAEL, CARLOS
Address: 7171 SW 24 ST STE 219
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TAMARA REVUELTA

DP

09/14/2006

Electronic Signature of Signing Officer or Director

Date