## 2006 FOR PROFIT CORPORATION

CITY-ST-ZIP

SIGNATURE: =

## Jan 23, 2006 08:00 AM **ANNUAL REPORT** Secretary of State DOCUMENT # P03000069851 PRIORITY MEDICAL REHABILITATION, INC. Principal Place of Business Matting Address 12781 SW 42 STE B 12781 SW 42 STE B MIAMI, FL 33175 MIAMI, FL 33175 01172006 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2372399 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NOGAREDA, ANA VIVIAN DO NOT WRITE 3145 VILLAGE GREEN DR MIAMI, FL 33175 IN THIS SPACE 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 Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 UNASANS31 01/31/06-80001-018 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DP TITLE MAME NOGAREDA, ANA V STREET ACCINESS 3145 VILLAGE GREEN DR DITY - ST - ZIP MIAMI, FL 33175 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-\$T-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby 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 path; that I am an officer or director of the corporation or the receiver of 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 all other like empowered.

YPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**