

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P03000076195

1. Entity Name
JCR REHABILITATION SERVICES, INC.



Principal Place of Business
1890 SW 57TH AVE STE 109
MIAMI, FL 33155

Mailing Address
1890 SW 57TH AVE STE 109
MIAMI, FL 33155



04082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3696719

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, JUAN A
1890 SW 57TH AVE STE 109
MIAMI, FL 33155

**DO NOT WRITE
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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
PEREZ, JUAN A
1890 SW 57TH AVE STE 109
MIAMI, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

U00000897541
04/25/08-80052-014 150.00

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IN THIS SPACE**

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 receiver or liquidator 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #