

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 SEP 19 PM '06

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # P03000083539



1. Entity Name
GAVY REHABILITATION CENTER, INC.

Principal Place of Business
330 EAST 9TH STREET
206
HIALEAH, FL 33010

Mailing Address
330 EAST 9TH STREET
206
HIALEAH, FL 33010



2. Principal Place of Business
4501 Palm Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

202

City & State

City & State

Hialeah Florida

Zip
33012

Country

Zip

Country

09062006 Chg-P CR2E034 (11/05)

4. FEI Number
86-1075184

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTANA, GENOVEVA
6070 WEST 18TH AVE., #111
HIALEAH, FL 33012

Name

Street Address (P.O. Box Number is Not Acceptable)

4501 Palm Avenue Suite 202

City

FL

Zip Code

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
Due by September 15, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
SANTANA, GENOVEVA
6070 WEST 18TH AVE., #111
HIALEAH, FL 33012 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600080088506
09/22/06--01045--024 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/06 (305) 362-9139
Date Daytime Phone #