Oct 27 2005 3:00PM ECFS

FILED
Jul 13, 2005 8:00 am
Secretary of State
05-02-2005 90449 014 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000114094

1. Entity Name
SOUTH BAY REHAB, INC.

66024558

Principal Place of Business	Mailing Address
145 US HWY 27 SOUTH BAY, FL 33493	145 US HWY 27 SOUTH BAY, FL 33493

2. Principal Place of Business: 12404 Biscayne Blvd
Suite, Apt. #, etc.: B
City & State: N miami FL
Zip: 33181 Country: Dade USA

3. Mailing Address: 12404 Biscayne Blvd
Suite, Apt. #, etc.: B
City & State: N. miami.
Zip: 33181 Country: USA

01272005 Chg-P CR2E034 (10/03)

4. FEI Number: 16-1685905 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MARTINEZ, YOLEXIS
145 US HWY 27
SOUTH BAY, FL 33493

7. Name and Address of New Registered Agent
Name: Alejandro Hassani
Street Address (P.O. Box Number is Not Acceptable): 1850 SW 8 st ste 209
City: miami FL Zip Code: 33135

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] 07-11-05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARTINEZ, YOLEXIS 145 US HWY 27 SOUTH BAY, FL 33493	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Alejandro Hassani Pd. 1850 SW. 8 st miami FL 33135 suite 209. ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VAZQUEZ, BLANCA 145 US HWY 27 SOUTH BAY, FL 33493	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD. Vazquez Blanca ste 209. 1850 SW 8 st Miami FL 33135 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Blanca Vazquez 3-17-05 3053009241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #