


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90375 030 \*\*\*150.00

<b>DOCUMENT # P03000114094</b> 1. Entity Name <b>SOUTH BAY REHAB, INC.</b>					
Principal Place of Business <b>12404 BISCAYNE BLVD</b> <b>B</b> <b>MIAMI, FL 33181</b>			Mailing Address <b>12404 BISCAYNE BLVD</b> <b>B</b> <b>MIAMI, FL 33181</b>		
2. Principal Place of Business		3. Mailing Address <b>1850 SW 8 ST</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Miami Ste 302</b>			
City & State		City & State <b>Miami FL</b>			
Zip	Country	Zip <b>33135</b>	Country <b>USA</b>	4. FEI Number <b>16-1685905</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>YASSANI, ALEJANDRO</b> <b>1850 SW 8 ST, STE 2029</b> <b>MIAMI, FL 33135</b>			7. Name and Address of New Registered Agent Name <b>Massani, Alejandro</b> Street Address (P.O. Box Number is Not Acceptable) <b>1850 SW 8 ST Ste 302</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33135</b>		
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 <i>Alejandro Massani</i> <span style="float: right;">4-20-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 HASSANI, ALEJANDRO 1850 SW 8 ST MIAMI, FL 33135		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Massani, Alejandro 1850 SW 8 ST Ste 302 Miami FL 33135	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VAZQUEZ, BLANCA 1850 SW 8 ST MIAMI, FL 33135		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Vazquez Blanca 1850 SW 8 ST Ste 302 Miami FL 33135	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* 4-20-06 3053009241  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #