

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000122778

FILED
May 01, 2006
Secretary of State

Entity Name: THE CARE CENTER FOR REHAB AND THERAPY, INC.

Current Principal Place of Business:

3190 SOUTH STATE ROAD 7
STORE 13
MIRAMAR, FL 33023 US

New Principal Place of Business:

Current Mailing Address:

3190 SOUTH STATE ROAD 7
STORE 13
MIRAMAR, FL 33023 US

New Mailing Address:

FEI Number: 56-2402308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, LUIS A
4220 NORTHWEST 196 STREET
MIAMI, FL 33055 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DIAZ, LUIS A
Address: 4220 N W 196TH ST
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS A. DIAZ

PRES

05/01/2006

Electronic Signature of Signing Officer or Director

Date