

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000026251

1. Entity Name
MAJESTIC MEDICAL AND REHAB CENTER INC



Principal Place of Business
**7171 CORAL WAY, STE 501
MIAMI, FL 33155**

Mailing Address
**7171 CORAL WAY, STE 501
MIAMI, FL 33155**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3698240

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TILLAN, JOSE A
7630 SW 19 ST
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, 2007 Fee will be \$550.00**

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

**U000000583341
01/11/07-80067-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
TILLAN, JOSE ANTONIO
7630 SW 19TH STREET
MIAMI, FL 33155**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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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 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

01/05/07 786 286 4391
Date Daytime Phone #