# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

[redacted]
05-15-2007 90008 029 ***150.00
P04000027357

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 25 AM 10:00

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DOCUMENT # P04000027357

1. Entity Name
NORTH DADE MEDICAL AND REHAB INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3698 NW 35 ST<br>FT.LAUDERDALE, FL 33309 | 3698 NW 35 ST<br>FT.LAUDERDALE, FL 33309 |

05022007 Chg-P CR2E034 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 3731 NW 37th st | 3731 NW 37th st |
| Suite, Apt. #, etc.<br>Ft Lauderdale | Suite, Apt. #, etc. |
| City & State<br>Ft Lauderdale FL | City & State<br>Ft Lauderdale FL |
| Zip<br>33309 Country | Zip<br>33309 Country |

4. FEI Number 03-0595084 ☐ 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 |
|---|---|
| LAMISERE, DELPHRA<br>4977 SW 166 AVE.<br>MIRAMAR, FL 33027 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 $550.00**
**Due by September 14, 2007**

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 | D | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | OLA, CHARLES | | NAME | |
| STREET ADDRESS | 718 NE 14 ST | | STREET ADDRESS | |
| CITY-ST-ZIP | FT.LAUDERDALE, FL 33304 | | CITY-ST-ZIP | |
| TITLE | D | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | LAMISERE, DELPHRA | | NAME | |
| STREET ADDRESS | 4977 SW 166 AVE | | STREET ADDRESS | |
| CITY-ST-ZIP | MIRAMAR, FL 33027 | | CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | B 10/29/07 |
| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | | NAME | REINSTATEMENT |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | (5) |
| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |

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:** Lamisere Delphra 5/1/07 954 733 9898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #