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2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 25 AM 10: 00

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05022007 Chg-P CR2E034 (12/06)

DOCUMENT # P04000027357

1. Entity Name
NORTH DADE MEDICAL AND REHAB INC.

Principal Place of Business	Mailing Address
3698 NW 35 ST FT.LAUDERDALE, FL 33309	3698 NW 35 ST FT.LAUDERDALE, FL 33309

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3731 NW 37th st	3731 NW 37th st
Suite, Apt. #, etc. Ft Lauderdale	Suite, Apt. #, etc.
City & State Ft Lauderdale FL	City & State Ft Lauderdale FL
Zip 33309 / Country	Zip 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 4977 SW 166 AVE. MIRAMAR, FL 33027	Name Street Address (P.O. Box Number is Not Acceptable) 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 NAME STREET ADDRESS CITY-ST-ZIP	D OLA, CHARLES 718 NE 14 ST FT.LAUDERDALE, FL 33304 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMISERE, DELPHRA 4977 SW 166 AVE MIRAMAR, FL 33027 ☐ 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 B 10/29/07
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 07
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

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 #