

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000054335

FILED
Mar 09, 2005
Secretary of State

Entity Name: DORAL OUTPATIENT REHABILITATION CENTER, INC.

Current Principal Place of Business:

13212 SW 8 STREET
MIAMI, FL 33184 US

New Principal Place of Business:

Current Mailing Address:

13212 SW 8 STREET
MIAMI, FL 33184 US

New Mailing Address:

FEI Number: 20-0934767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALCAZAR, ROBERTO
12312 SW 8 ST
MIAMI, FL 33184 US

Name and Address of New Registered Agent:

ALCAZAR, ROBERTO
13212 SW 8 ST
MIAMI, FL 33184 US

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

03/09/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALCAZAR, ROBERTO
Address: 13212 SW 8 ST
City-St-Zip: MIAMI, FL 33184 US

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 Section 119.07(3)(i), 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: ROBERTO ALCAZAR

Electronic Signature of Signing Officer or Director

P

03/09/2005

Date