

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000086159

FILED
Jul 06, 2005
Secretary of State

Entity Name: COLLEGE HEALTH AND REHABILITATION CENTER, INC.

Current Principal Place of Business:

2924 DAVIE RD STE 101
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

2924 DAVIE RD STE 101
DAVIE, FL 33314

New Mailing Address:

FEI Number: 81-0656767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 NW 16 ST
FT LAUDERDALE, FL 33311 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: SOAR () Delete
Name: ORNELAS, DINA MARIE
Address: 2924 DAVIE RD STE 101
City-St-Zip: DAVIE, FL 33314

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: DINA MARIE ORNELAS

PRES

07/06/2005

Electronic Signature of Signing Officer or Director

Date