

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000087428

FILED
Mar 08, 2006
Secretary of State

Entity Name: ALL REHABILITATION CENTER INC.

Current Principal Place of Business:

1350 SW 57TH AVENUE STE 212
MIAMI, FL 331445768

New Principal Place of Business:

2645 SW 37 AVE.
503
MIAMI, FL 33133

Current Mailing Address:

1350 SW 57TH AVENUE STE 212
MIAMI, FL 331445768

New Mailing Address:

2645 SW 37 AVE.
503
MIAMI, FL 33133

FEI Number: 20-1213175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMAS, EDDIE
1350 SW 57TH AVENUE STE 212
MIAMI, FL 331445768 US

Name and Address of New Registered Agent:

ARMAS, EDDIE
2645 SW 37 AVE.
503
MIAMI, FL 33133 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: _____

03/08/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: ALFONSO, TERESA B
Address: 1350 SW 57TH AVENUE STE 212
City-St-Zip: MIAMI, FL 331445768

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: ALFONSO, TERESA B
Address: 2645 SW 37 AVE. SUITE 503
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TEREAS B. ALFONSO

MD

03/08/2006

Electronic Signature of Signing Officer or Director

Date