

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000111810

FILED  
May 16, 2005  
Secretary of State

Entity Name: MIAMI SPRINGS REHABILITATION CENTER, CORP.

## Current Principal Place of Business:

286 WESTWARD DR.  
MIAMI SPRINGS, FL 33166

## New Principal Place of Business:

## Current Mailing Address:

286 WESTWARD DR.  
MIAMI SPRINGS, FL 33166

## New Mailing Address:

10010 NW 131ST STREET  
HIALEAH GARDENS, FL 33018

FEI Number: 35-2235846

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RODRIGUEZ, MARIA E  
7559 NW 175 ST  
HIALEAH, FL 33015 US

## Name and Address of New Registered Agent:

DANIEL, JULIA  
10010 NW 131ST STREET  
HIALEAH GARDENS, FL 33018 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: JULIA DANIEL

05/16/2005

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: DP ( ) Delete  
Name: RODRIGUEZ, MARIA E  
Address: 7559 NW 175 ST  
City-St-Zip: HIALEAH, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: DANIEL, JULIA  
Address: 10010 NW 131ST STREET  
City-St-Zip: HIALEAH GARDENS, FL 33018

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: JULIA DANIEL

DP

05/16/2005

Electronic Signature of Signing Officer or Director

Date