## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 17, 2006 08:00 AM Secretary of State **DOCUMENT # P04000114978** 1. Entity Name IVETMAR MEDICAL REHAB CORP Principal Place of Business Mailing Address 11800 SW 18TH ST. 11800 SW 18TH ST. MIAMI, FL 33175 MIAMI, FL 33175 US CR2E034 (11/05) 02132006 No Cha-P DO NOT WRITE IN THIS SPACE (Applied For 4. FEt Number Not Applicable 20-1460382 \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MARTINEZ, IVETTE DO NOT WRITE 11800 SW 18 ST IN THIS SPACE MIAMI, FL 33175 3. 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) DA7E 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MARTINEZ, IVETTE MALAS STREET ADDRESS 11800 SW 18TH STREET CITY - \$7 - 71P MIAMI, FL 33175 7171 # NAME U00000437819 ŞTREET ADDRESS 02/28/06-80063-012 150.00 CITY-ST-ZIP THILE NAME STREET ADDRESS DO NOT WRITE CHTY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE MARKE

12. I hereby certify that the information supplied with this filling 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 in the exemption of the corporation or the receiver or trusted employee 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 trusted employee this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an other like empowered. Ivette Mantinez

SIGNATURE: 💯

STREET ADDRESS City-ST-ZIP TITLE NAME STREET AODRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED