

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000115143

FILED
Apr 29, 2005
Secretary of State

Entity Name: TRAUMA - MEDICAL AND REHABILITATION CENTER OF MIAMI INC.

Current Principal Place of Business:

4595 NW 9TH ST.
#45
MIAMI, FL 33126

New Principal Place of Business:

8300 W FLAGLER ST.
114
MIAMI, FL 33144 US

Current Mailing Address:

4595 NW 9TH ST.
#45
MIAMI, FL 33126

New Mailing Address:

8300 W FLAGLER ST.
114
MIAMI, FL 33144 US

FEI Number: 75-3171184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMAS-MARRERO, REINALDO
4595 NW 9TH ST.
#45
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

ARMAS-MARRERO, REINALDO
1871 W 62 STREET
APT. # 222
HIALEAH, FL 33012 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: REINALDO ARMAS MARRERO

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARMAS - MARRERO, REINALDO
Address: 4595 NW 9TH ST. #45
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ARMAS - MARRERO, REINALDO
Address: 8300 W FLAGLER STREET
City-St-Zip: MIAMI, FL 33144 US

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: REINALDO ARMAS MARRERO

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date