

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000123584

FILED
Mar 05, 2006
Secretary of State

Entity Name: GENERAL MEDICAL REHABILITATION CENTER, INC

Current Principal Place of Business:

2123 WEST MARTIN LUTHER KING BOULEBARD
201 B
TAMPA, FL 33607 US

New Principal Place of Business:

633 MINOLA DR
MIAMI SPRINGS, FL 33166 US

Current Mailing Address:

2123 MLK BLVD
201 B
TAMPA, FL 33607 US

New Mailing Address:

633 MINOLA DR
MIAMI SPRINGS, FL 33166

FEI Number: 20-1546483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUNEZ, ODALIS
633 MINOLA DR
MIAMI, FL 33166 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NUNEZ, ODALIS
Address: 633 MINOLA DR
City-St-Zip: MIAMI, FL 33166

Title: V (X) Delete
Name: RODRIGUEZ, LISANDRA
Address: 2123 MARTIN LUTHER KING BLVD
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: ODALIS NUNEZ

P

03/05/2006

Electronic Signature of Signing Officer or Director

Date