


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90054 032 ***150.00

DOCUMENT # P04000127886	
1. Entity Name SEQUOIA REHABILITATION CENTER, INC.	

Principal Place of Business 9865 S.W. 83 STREET MIAMI, FL 33173	Mailing Address 9865 S.W. 83 STREET MIAMI, FL 33173
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40021420



2. Principal Place of Business 900 N.E. 125 Street	3. Mailing Address 900 N.E. 125 Street
Suite, Apt. #, etc. 210	Suite, Apt. #, etc. 210
City & State North Miami, FL	City & State North Miami, FL
Zip 33161	Country Miami-Dade

01162005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1628041

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent CASTANEDA, ILEANA 9865 S.W. 83 STREET MIAMI, FL 33173	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CASTANEDA, ILEANA 9865 S.W. 83 STREET MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Ileana Castaneda* **Ileana Castaneda** **(305) 274-7080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #