2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005
Secretary of State

DOCUMENT# P04000137261

Entity Name: STAY WELL REHABILITATION CENTER INC.

Current Principal Place of Business:

6700 PINES BLVD
PEMBROOK PINES, FL 33024

New Principal Place of Business:

6700 PINES BLVD
PEMBROOKE PINES, FL 33024

Current Mailing Address:

6075 SW 106 STREET
MIAMI, FL 33156

New Mailing Address:

FEI Number: 20-3217190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUIZ, LESTER
1455 NW 14 STREET
MIAMI, FL, FL 33125 US

Name and Address of New Registered Agent:

RUIZ, LESTER
1455 NW 14 STREET
MIAMI, FL 33125 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: LESTER RUIZ 07/28/2005
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: P,VP ( ) Delete
Name: RUIZ, LESTER
Address: 1455 NW 14 STREET
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: LESTER RUIZ P,VP 07/28/2005
Electronic Signature of Signing Officer or Director Date