

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90083 010 ***150.00

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1. Entity Name
C.R. DIAGNOSTIC & REHAB GROUP, INC.



Principal Place of Business
**2500 SW 107 AVE.
STE. #7
MIAMI, FL 33165**

Mailing Address
**2500 SW 107 AVE.
STE. #7
MIAMI, FL 33165**

50008491



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

87-0734372

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRUZ, WILLIAM
880 SW 129 PLACE
#102
MIAMI, FL, FL 33184**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE PD ☐ Delete
NAME CRUZ, WILLIAM
STREET ADDRESS 2500 SW 107 AVE., STE. 7
CITY-ST-ZIP MIAMI, FL 33165

TITLE VD ☐ Delete
NAME RODRIGUEZ, LIUDYS
STREET ADDRESS 2500 SW 107 AVE., STE. 7
CITY-ST-ZIP MIAMI, FL 33165

TITLE D ☐ Delete
NAME HALL, WILLIAM A
STREET ADDRESS 2500 SW 107 AVE., STE. 7
CITY-ST-ZIP MIAMI, FL 33165

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM CRUZ 01/27/05 (305) 552-0390
PRESIDENT

Date

Daytime Phone #