


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000149294 1. Entity Name C.R. DIAGNOSTIC & REHAB GROUP, INC.	
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Principal Place of Business 2500 SW 107 AVE. STE. #7 MIAMI, FL 33165	Mailing Address 2500 SW 107 AVE. STE. #7 MIAMI, FL 33165
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DO NOT WRITE IN THIS SPACE



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 87-0734373	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000403001 02/03/06-80030-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUZ, WILLIAM 2500 SW 107 AVE., STE. 7 MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, LIUDYS 2500 SW 107 AVE., STE. 7 MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, WILLIAM A 2500 SW 107 AVE., STE. 7 MIAMI, FL 33165
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.

SIGNATURE: _____ **01-23-06 (305) 552-0320**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #