## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000154032

Entity Name: ALL FLORIDA MEDICAL REHAB GROUP, INC.

FILED May 03, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

**1800 SW 8 STREET** 11200 W FLAGLER ST MIAMI, FL 33135

208

MIAMI, FL 33174

**Current Mailing Address: New Mailing Address:** 

**1800 SW 8 STREET** 11200 W FLAGLER ST

MIAMI, FL 33135 208 MIAMI, FL 33174

FEI Number: 35-2242103 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FEBRE, ASTRID A MD FEBRE, ASTRID A MD 1800 SW 8 STREET 11200 W FLAGLER ST MIAMI, FL 33135 208

MIAMI, FL 33174 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: ASTRID A FEBRE MD 05/03/2006

> 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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete (X) Change ( ) Addition Title: Title:

FEBRE, ASTRID A MD FEBRE, ASTRID A MD Name: Name:

1800 SW 8 STREET Address: 11200 W FLAGLER ST SUITE 208 Address:

City-St-Zip: MIAMI, FL 33135 City-St-Zip: MIAMI, FL 33174

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: ASTRID A. FEBRE MD PD 05/03/2006

Electronic Signature of Signing Officer or Director

Date