

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000154032

FILED
Jul 26, 2006
Secretary of State

Entity Name: ALL FLORIDA MEDICAL REHAB GROUP, INC.

Current Principal Place of Business:

11200 W FLAGLER ST
208
MIAMI, FL 33174

New Principal Place of Business:

2015 W FLAGLER ST
MIAMI, FL 33135

Current Mailing Address:

11200 W FLAGLER ST
208
MIAMI, FL 33174

New Mailing Address:

2015 W FLAGLER ST
MIAMI, FL 33135

FEI Number: 35-2242103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEBRE, ASTRID A MD
11200 W FLAGLER ST
208
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

FEBRE, ASTRID A MD
2015 W FLAGLER ST
MIAMI, FL 33135 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

07/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FEBRE, ASTRID A MD
Address: 11200 W FLAGLER ST SUITE 208
City-St-Zip: MIAMI, FL 33174

Title: VPSD () Delete
Name: CAPILLA, TERESITA
Address: 11200 W FLAGLER ST SUITE 208
City-St-Zip: MIAMI, FL 33174

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FEBRE, ASTRID A MD
Address: 2015 W FLAGLER ST
City-St-Zip: MIAMI, FL 33135

Title: VPSD (X) Change () Addition
Name: CAPILLA, TERESITA
Address: 2015 W FLAGLER ST
City-St-Zip: MIAMI, FL 33135

Title: SD () Change (X) Addition
Name: LEIVA, LISSETTE
Address: 2015 W FLAGLER ST
City-St-Zip: MIAMI, FL 33135

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

07/26/2006

Electronic Signature of Signing Officer or Director

Date