

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000154032

FILED
Jan 04, 2007
Secretary of State

Entity Name: ALL FLORIDA MEDICAL REHAB GROUP, INC.

Current Principal Place of Business:

2015 W FLAGLER ST
MIAMI, FL 33135

New Principal Place of Business:

6741 SW 24 ST
13
MIAMI, FL 33155

Current Mailing Address:

2015 W FLAGLER ST
MIAMI, FL 33135

New Mailing Address:

6741 SW 24 ST
13
MIAMI, FL 33155

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
2015 W FLAGLER ST
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: FEBRE, ASTRID A MD
Address: 6741 SW 24 ST SUITE 13
City-St-Zip: MIAMI, FL 33155

Title: VSTD (X) Change () Addition
Name: CAPILLA, TERESITA
Address: 6741 SW 24 ST SUITE 13
City-St-Zip: MIAMI, FL 33155

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 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

01/04/2007

Electronic Signature of Signing Officer or Director

Date