

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000167335

1. Entity Name  
CONTINENTAL REHAB CENTER, INC.



FILED

05 JUL 19 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

85 GRAND CANAL DRIVE  
SUITE 310  
MIAMI, FL 33144

Mailing Address

85 GRAND CANAL DRIVE  
SUITE 310  
MIAMI, FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06292005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

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

SAU, IVONNE  
3011 S.W. 115 AVENUE  
MIAMI, FL 33165

Name  
FLORIDA ANNUAL REPORT SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)

2300 Coral Way, Suite # 200

City  
Miami

FL

Zip Code  
33145

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

*Vivian Williams*

VIVIAN WILLIAMS, Secretary

7/8/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SAU, IVONNE  
3011 S.W. 115 AVENUE  
MIAMI, FL 33165 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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500057718245  
07/20/05--01046--020 \*\*158.75 ☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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

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:

*Ivonne Sau*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-05

305-264-6668

Date

Daytime Phone #

IVONNE SAU, Director

FLORIDA ANNUAL REPORT SERVICES, INC.

2300 Coral Way, Suite 200  
Miami, Florida 33145  
Phone (305) 856-0056  
Fax (305) 856-2030

June 30<sup>th</sup>, 2005

Mr. Sean Toner  
C/o Division of Corporations  
409 East Gaines Street  
Tallahassee, Fl. 32399

Re: CONTINENTAL REHAB CENTER, INC.  
**Document # P04000167335**

Dear Mr. Toner:

We refer to the above-mentioned corporation, which the 2005 renewal form was never received, and we are sending it now along with a check for the amount of \$158.75 for the respective filing.

Thanking you in advance for your cooperation, we remain.

Yours truly,

**Florida Annual Report Services, Inc.**

By: 

Vivian Williams

Enclosure  
/rr