

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000167335

1. Entity Name
CONTINENTAL REHAB CENTER, INC.



FILED

06 MAR 28 PM 1:43

STATE
TALLAHASSEE, FLORIDA



02132006 Chg-P CR2E034 (11/05)

| | | | |
|--|---------|--|---------|
| 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. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 75-3176949 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY SUITE #200 MIAMI, FL 33145 | | 7. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

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 |
|---|---|--|

| | | | | | | | |
|--|---|---------------------------------|--|---|---|-----------------------------------|--|
| 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 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 700069078967 03/31/06--01006--005 **158.75 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
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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 all other like empowered.

SIGNATURE: IVONNE SAU 3-9-06 305-856-0056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #