


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90006 015 \*\*\*158.75

<b>DOCUMENT # P04000167335</b> 1. Entity Name CONTINENTAL REHAB CENTER, INC.	
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40058212



Principal Place of Business 85 GRAND CANAL DRIVE SUITE 310 MIAMI, FL 33144	Mailing Address 85 GRAND CANAL DRIVE SUITE 310 MIAMI, FL 33144
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02142008 Chg-P CR2E034 (12/06)

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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 3/7/08 305-856-0086  
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Ivonne Sau