2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006
Secretary of State

DOCUMENT# P05000005528

Entity Name: IDEAL REHABILITATION INSTITUTE INC.

Current Principal Place of Business:

1950 W 54 ST STE 412
HIALEAH, FL 33012

New Principal Place of Business:

1800 WEST 49 STREET
126
HIALEAH, FL 33012

Current Mailing Address:

1950 W 54 ST STE 412
HIALEAH, FL 33012

New Mailing Address:

1800 WEST 49 STREET
SUITE126
HIALEAH, FL 33012

FEI Number: 27-0114429 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANABRIA, GILBERT
6365 TAFT ST STE 3005
HOLLYWOOD, FL 33024 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: D ( ) Delete
Name: GUILLEN, ORESTES
Address: 1950 W 54 ST STE 412
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ORESTES GUILLEN PD 03/16/2006

Electronic Signature of Signing Officer or Director Date