

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000012660

Entity Name: METRO-MED REHAB. CENTER, INC.

FILED
Apr 19, 2006
Secretary of State

Current Principal Place of Business:

801 MONTERREY STE. 204
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

801 MONTERREY STE. 204
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 01-0827839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUNEZ, JOSE
801 MONTERREY STE. 204
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

FERNANDEZ, FAUSTINO J
801 MONTERREY STE. 204
CORAL GABLES, FL 33134 US

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: FAUSTINO J FERNANDEZ

04/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: NUNEZ, JOSE
Address: 801 MONTEREY STREET, SUITE 204
City-St-Zip: CORAL GABLES, FL 33134

Title: VD () Delete
Name: ESCOBAR, JACQUELINE R
Address: 801 MONTEREY STREET, SUITE 204
City-St-Zip: CORAL GABLES, FL 33134

Title: SD (X) Delete
Name: NAVARRO, JUDITH
Address: 801 MONTEREY STREET, SUITE 204
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: FERNANDEZ, FAUSTINO J
Address: 801 MONTEREY STREET, SUITE 204
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FAUSTINO J FERNANDEZ

PSTD

04/19/2006

Electronic Signature of Signing Officer or Director

Date