

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL  
AND  
FILED

08 FEB -6 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008  
Annual  
Report



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # D05000012660

1. Corporation Name

METRO-MED REHAB CENTER, INC.

2. Principal Office Address - No P.O. Box #

801 Monterey Street

Suite, Apt. #, etc.

Suite # 204

City & State

Coral Gables

Zip

33134

Country

Dade County

3. Mailing Office Address

801 Monterey Street

Suite, Apt. #, etc.

Suite # 204

City & State

Coral Gables

Zip

33134

Country

Dade County

400118419434  
02/20/08--01009--025 \*\*150.00

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
06-1746386

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jacqueline Roque De Escobar

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

801 Monterey Street

Suite, Apt. #, Etc.

Suite # 204

City

Coral Gables

State

FL

Zip Code

33134

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date 01-29-08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Jacqueline Roque De Escobar	801 Monterey Street Suite # 204	Coral Gables, FI 33134
V	Jacqueline Roque De Escobar	801 Monterey Street Suite # 204	Coral Gables, FI 33134
RA	Jacqueline Roque De Escobar	801 Monterey Street Suite # 204	Coral Gables, FI 33134
Off/Dir	Jacqueline Roque De Escobar	801 Monterey Street Suite # 204	Coral Gables, FI 33134
S	Jacqueline Roque De Escobar	801 Monterey Street Suite # 204	Coral Gables, FI 33134
T	Jacqueline Roque De Escobar	801 Monterey Street Suite # 204	Coral Gables, FI 33134

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees, owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-29-08

Date

(786) 287-5788

Daytime Phone #