# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 07, 2006**
**Secretary of State**

DOCUMENT# P05000018449

**Entity Name:** L.M. REHAB. CARE, INC.

**Current Principal Place of Business:**

706 SW 57 AVE
MIAMI, FL 33134

**New Principal Place of Business:**

706 SW 57 AVE
MIAMI, FL 33144

**Current Mailing Address:**

706 SW 57 AVE
MIAMI, FL 33134

**New Mailing Address:**

706 SW 57 AVE
MIAMI, FL 33144

**FEI Number: 34-2034665** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALEZ, MARICARMEN
3269 SW 23 STREET
MIAMI, FL 33145 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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: GONZALEZ, MARICARMEN
Address: 3269 SW 23 STREET
City-St-Zip: MIAMI, FL 33145

Title: V ( ) Delete
Name: ABRIL, JOSE R
Address: 3269 SW 23 STREET
City-St-Zip: MIAMI, FL 33145

Title: T ( ) Delete
Name: ESQUIVEL, AURELIO S
Address: 3269 SW 23 STREET
City-St-Zip: MIAMI, FL 33145

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition
Name: ABRIL, JOSE R
Address: 3269 SW 23 STREET
City-St-Zip: MIAMI, FL 33145

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: MARICARMEN GONZALEZ P 08/07/2006

Electronic Signature of Signing Officer or Director Date