

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000023019

1. Entity Name
REHAB SOLUTIONS OF MIAMI LAKES, INC.



Principal Place of Business
5840 NORTHWEST 194 TERRACE
MIAMI, FL 33015

Mailing Address
5840 NORTHWEST 194 TERRACE
MIAMI, FL 33015



01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2280317

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, ROSEMARY
5840 NORTHWEST 194 TERRACE
MIAMI, FL 33015

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000816681
02/14/08-80061-003 158.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FERNANDEZ, ROSEMARY
STREET ADDRESS 5840 NORTHWEST 194 TERRACE
CITY-ST-ZIP MIAMI, FL 33015

TITLE STD
NAME SALAS, CRISTINA
STREET ADDRESS 5840 NORTHWEST 194 TERRACE
CITY-ST-ZIP MIAMI, FL 33015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Rosemary Fernandez

Rosemary Fernandez

01-29-2008

554-701-0289