

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90038 002 ***158.75

DOCUMENT # P05000023605 1. Entity Name CENTRAL WEST THERAPY & REHAB INC.					
Principal Place of Business 10901 ARBOR RIDGE RD TAMPA, FL 33624			Mailing Address 10901 ARBOR RIDGE RD TAMPA, FL 33624		
2. Principal Place of Business 7211 N. Dale Mabray Hwy		3. Mailing Address 7211 N. Dale Mabray Hwy			
Suite, Apt. #, etc. #215 & 216		Suite, Apt. #, etc. #215 & 216		02062006 Chg-P CR2E034 (11/05)	
City & State Tampa, Florida		City & State Tampa Florida		4. FEI Number 20-2366766	
Zip 33614		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, BORIS A 18310 TOMLINSON DR LUTZ, FL 33549				7. Name and Address of New Registered Agent Name GARCES-CORONA, JORGE L. Street Address (P.O. Box Number Is Not Acceptable) 10901 Arbor Ridge Rd. Tampa City FL Zip Code 33624	
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: JORGE L. GARCES-CORONA, PRES. DATE: 02-06-06 <small>Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORONA, JORGE L 10901 ARBOR RIDGE RD TAMPA, FL 33624	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCES-CORONA, JORGE L. 10901 Arbor Ridge Rd. Tampa, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GONZALEZ, DORIS A 18310 TOMLINSON DR LUTZ, FL 33549	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOURNIER-Hidalgo, Pedro 8249 Donaldson Drive Tampa, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: JORGE L. GARCES CORONA DATE: 02-06-06 (813) 931-0908 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					