

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000035252

1. Entity Name
LORD PHYSICAL REHABILITATION CENTER INC.



FILED

06 APR 18 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1818 SHERIDAN STREET #207
HOLLYWOOD, FL 33024

Mailing Address
1818 SHERIDAN STREET #207
HOLLYWOOD, FL 33024

2. Principal Place of Business
6595 NW 36th St
Suite, Apt. #, etc. 119

3. Mailing Address
same
Suite, Apt. #, etc.



04172006 Chg-P CR2E034 (11/05)

City & State
VIRGINIA GARDENS FL
Zip 33166 Country US

City & State
Zip Country

4. FEL Number
43-2077036

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEL CARMEN NAVARRO, MARIA
1818 SHERIDAN STREET #207
HOLLYWOOD, FL 33024

7. Name and Address of New Registered Agent

Name Maria del Carmen Navarro
Street Address (P.O. Box Number is Not Acceptable)
6595 N.W 36th suite 119
VIRGINIA GARDENS
City FL Zip 33166

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

4-17-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME DEL CARMEN NAVARRO, MARIA
STREET ADDRESS 1818 SHERIDAN STREET #207
CITY-ST-ZIP HOLLYWOOD, FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Maria del Carmen Navarro
STREET ADDRESS 6595 N.W 36th suite 119
CITY-ST-ZIP VIRGINIA GARDENS FL 33166 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-06

K. Eckel APR 18 2006