

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000039145

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: NATURAL HEALING & REHAB CENTER, INC.

**Current Principal Place of Business:**

1330 SW CORAL WAY SUITE 407  
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

1330 SW CORAL WAY SUITE 407  
MIAMI, FL 33145

**New Mailing Address:**

FEI Number: 20-2512026

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REYES-LOVIO, JOSEFINA  
1330 SW CORAL WAY SUITE 407  
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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PIERRE, FRANK C  
Address: 1330 SW CORAL WAY SUITE 407  
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete  
Name: REYES-LOVIO, JOSEFINA  
Address: 1330 SW CORAL WAY SUITE 407  
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete  
Name: ARRECHEA, KARLA  
Address: 1330 SW CORAL WAY SUITE 407  
City-St-Zip: MIAMI, FL 33145

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

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

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

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: JOSEFINA REYES-LOVIO

D

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date