


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90006 031 ***150.00

DOCUMENT # P05000039425	
1. Entity Name G & J MEDICAL REHAB CENTER INC.	

Principal Place of Business 509 S 21 AVE UNIT 102 HOLLYWOOD, FL 33020	Mailing Address 509 S 21 AVE UNIT 102 HOLLYWOOD, FL 33020
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2. Principal Place of Business - No P.O. Box # 1393 S.W. 1 STREET	3. Mailing Address 1393 S.W. 1 STREET
Suite, Apt. #, etc. Suite 405	Suite, Apt. #, etc. Suite 405
City & State Miami, FL	City & State Miami, FL
Zip 33135	Country United States



01302007 Chg-P CR2E034 (12/06)

4. FEI Number 81-0666801	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOPEZ, GEORGINA 1825 SW 153 PL MIAMI, FL 33185	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, GEORGINA 1825 SW 153 PL MIAMI, FL 33185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOJENA, WILLIAM 1825 SW 153 PL MIAMI, FL 33185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 affidavit, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____