

2006 FOR PROFIT CORPORATION ANNUAL REPORT

02-03-2006 90011 041 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000058191					
1. Entity Name LA SCALA REHABILITATION, INC.					
Principal Place of Business 6172 SW 164 COURT MIAMI, FL 33193-5742			Mailing Address 6172 SW 164 COURT MIAMI, FL 33193-5742		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FFI Number 02-0742760				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVILA, JUSTA 6172 SW 164 COURT MIAMI, FL 33193-5742			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D DAVILA, JUSTA 6172 SW 164 COURT MIAMI, FL 331935742		☐ Delete		
NAME			☐ Change ☐ Addition		
STREET ADDRESS					
CITY- ST- ZIP					
TITLE			☐ Delete		
NAME			☐ Change ☐ Addition		
STREET ADDRESS					
CITY- ST- ZIP					
TITLE			☐ Delete		
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CITY- ST- ZIP					
TITLE			☐ Delete		
NAME			☐ Change ☐ Addition		
STREET ADDRESS					
CITY- ST- ZIP					
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: <i>Justa Davila</i>			4-26-06 286 743-8440		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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