


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DAVILA, JUSTA 6172 SW 164 COURT MIAMI, FL 33193-5742		DO NOT WRITE IN THIS SPACE
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>		
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	
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	DAVILA, JUSTA	
STREET ADDRESS	6172 SW 164 COURT	
CITY - ST - ZIP	MIAMI, FL 331935742	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
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: <u>Justa Davila</u> 1-10-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0742760	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000586300
01/16/07-80047-016 150.00

**DO NOT WRITE
IN THIS SPACE**