


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90051 009 ***158.75

DOCUMENT # P05000078342	
1. Entity Name SUDDEN CARE REHABILITATION CENTER, INC.	

Principal Place of Business 1421-2 SW 107 AVE MIAMI, FL 33174	Mailing Address 1421-2 SW 107 AVE MIAMI, FL 33174
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2. Principal Place of Business - No P.O. Box # 1401 SW 107 AVE	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. 301-x	Suite, Apt. #, etc.
City & State Miami, Florida	City & State Miami, Florida
Zip 33174	Country Miami-Dade

40007768

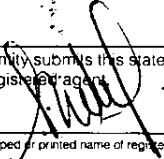


01192007 Chg-P CR2E034 (12/06)

4. FEI Number 04-3816318	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VELIZ, LIDIA 715 NW 134 PL MIAMI, FL 33182	
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 	DATE 1/17/07
(NOTE: Registered Agent signature required when reinstating)	

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	PD VELIZ, LIDIA 715 NW 134 PL MIAMI, FL 33182 <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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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.	
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SIGNATURE: 	DATE 1/17/07	DAYTIME PHONE # 786-253-082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		