## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

## **FILED** Feb 25, 2008 8:00 am Secretary of State

DOCUMENT # P05000078342  1. Entity Name SUDDEN CARE REHABILITATION CENTER, INC.							02-25-2008	90045 (	)28 ***15	<b>8</b> .75
Principal Plac	e of Busines	SS	Mailing Address		•					
1401 SW 107TH AVE.			1421-2 SW 107 AVE							
301-X			MIAMI, FL 33174							
MIAMI, FL 3	3174						: EBISI BAHI BEKA BEKA BEK			<b>I</b> (C) (1 (C)
2. Principal P	ness - No P.O. Box #	3. Mailing Address								
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			01302008	Chg-P	CR2E0	34 (12/06)	
City & State			301-x							P . F
City & State			City & State  Nami F2			4. FEI Numb				oplied For of Applicable
Zip	Zip Country		Zip Counti					ntx	\$8.75 Add	
			33174. USA			of Status Desired		Fee Require		
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
VELIZ, LIC	nia.				Name					
715 NW 134 PL					Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL	33182									
									,	
•					City			FL	Zip Cod	le
			or the purpose of changing (s	register	ed office or register	ed agent, or bo	th, in the State of Flo	rida. Lam	familiar with,	and accept
the obligat	tions of regist	itered agent.	'	$M_{ij}$	)			. 1	1	
SIGNATURE_	<u> </u>	dia veliz	<u> </u>				30/08			
	Signature, typed	d or printed name of registered agen	t and little if applicable. (NO)	FHON	Agent signature required	when reinstating)	Ţ.	DATE '		
EII	E NOWIII	FEE IS \$150.00	9. Election Campa	ion Finar	ncing \$5	.00 May Be				
		8 Fee will be \$550.	.00 Trust Fund Con			ed to Fees				
After Ma	ay 1, 200		.00 Trust Fund Con	tribution.	Add	ed to Fees	/CHANGES TO OFFI	ICERS AND	D DIRECTOR	S IN 11
After Ma	<b>PD</b>	OFFICERS AND	.00 Trust Fund Con	tribution.	Add	ed to Fees	/CHANGES TO OFFI	ICERS AND	D DIRECTOR Change	S IN 11
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