2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 APR -3 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000079736

1. Entity Name
GUIRA'S REHAB CENTER, INC

Principal Place of Business	Mailing Address
5207 NW 74 AVE MIAMI, FL 33166	5207 NW 74 AVE MIAMI, FL 33166

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

04022007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2942727 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SABATER, MARIA E 13825 NW 85 CT UNIT 1702 MIAMI LAKES, FL 33018	Name: MARIA TERESA ALBELO Street Address (P.O. Box Number is Not Acceptable): 15539 Miami Lake Way North #109 City: Miami Lake FL Zip Code: 33014

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 [signature]
Signature, typed or printed name of registered agent and title if applicable (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 ☐ **$5.00** May Be Added to Fees

200095894802
04/05/07--01036--023 **150.00

10. OFFICERS AND DIRECTORS

TITLE	PD	☑ Delete
NAME	SABATER, MARIA E	
STREET ADDRESS	13825 NW 85CT UNIT 1702	
CITY-ST-ZIP	MIAMI LAKES, FL 33018	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	(P)	☐ Change ☑ Addition
NAME	Maria Teresa Albelo	
STREET ADDRESS	15539 Miami Lake Way North #109	
CITY-ST-ZIP	Miami Lake - FL 33014	

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #