


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # P05000083583	
1. Entity Name E. & B. REHABILITATION CENTER, INC.	

Principal Place of Business 7201 NW 12TH ST MIAMI FL 33126	Mailing Address 7201 NW 12TH ST MIAMI FL 33126
--	--



2. Principal Place of Business - No P.O. Box # 7201 NW 12th St	3. Mailing Address 7201 NW 12th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State Miami FL	City & State Miami FL
Zip 33126	Zip 33126
Country Dade	Country Dade

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent BAUTA, JOEL 100 NW 64TH CT MIAMI FL 33126	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) N/A 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. N/A	
SIGNATURE	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P BAUTA, JOEL 100 NW 64TH CT MIAMI FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000640146 02/28/07-80054-007 150.00
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
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
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
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
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

12. I hereby certify that the information supplied in this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-09-2007 (305) 692-5566

Date Daytime Phone #