

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000096866

FILED  
Apr 09, 2008  
Secretary of State

Entity Name: DR B OUTPATIENT REHABILITATION INC

## Current Principal Place of Business:

130 BEACON BLVD.  
MIAMI, FL 33135

## New Principal Place of Business:

## Current Mailing Address:

130 BEACON BLVD.  
MIAMI, FL 33135

## New Mailing Address:

FEI Number: 54-2177105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SUAREZ, TAMARA  
130 BEACON BLVD  
MIAMI, FL 33135 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: SUAREZ, TAMARA  
Address: 130 BEACON BLVD.  
City-St-Zip: MIAMI, FL 33135

Title: VPD ( ) Delete  
Name: SUAREZ, TAMARA  
Address: 130 OCEAN BLVD  
City-St-Zip: MIAMI, FL 33135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMARA SUAREZ

PVD

04/09/2008

Electronic Signature of Signing Officer or Director

Date