

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000105731

FILED
Apr 22, 2007
Secretary of State

Entity Name: DADE MEDICAL REHAB CENTER CORP

Current Principal Place of Business:

2674 NW 97TH AVE.
MAIL BOX 7E
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

400 SW 76 CT
MIAMI, FL 33144

New Mailing Address:

FEI Number: 13-4303368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, RAUL
400 SW 76 CT
MIAMI, FL 33144 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: P () Delete
Name: TORRES, RAUL
Address: 400 SW 76 CT
City-St-Zip: MIAMI, FL 33144

Title: VP () Delete
Name: ALVAREZ, RAUL
Address: 400 SW 76 CT
City-St-Zip: MIAMI, FL 33144

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 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: RAUL TORRES

P

04/22/2007

Electronic Signature of Signing Officer or Director

Date