

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000124161

Entity Name: ELDERLY REHAB CENTER,INC

FILED
May 02, 2006
Secretary of State

Current Principal Place of Business:

6741 SW 24 STREET
40
MIAMI, FL 33155 US

Current Mailing Address:

3945 SW 89 AVE
201
MIAMI, FL 33165 US

New Principal Place of Business:

85 GRAND CANAL DRIVE
402
MIAMI, FL 33144 US

New Mailing Address:

85 GRAND CANAL DRIVE
402
MIAMI, FL 33144 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONZON, ESTEBAN D SR
3945 SW 89 AVE
201
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

MONZON, IOSVANI
2333 BRICKELL AVE
506
MIAMI, FL 33129 US

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: IOSVANI MONZON

05/02/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MONZON, ESTEBAN D SR
Address: 3945 SW 89 AVE
City-St-Zip: MIAMI, FL 33165 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MONZON, IOSVANI
Address: 2333 BRICKELL AVE APT#506
City-St-Zip: MIAMI, FL 33129 US

Title: VP () Change (X) Addition
Name: MONZON, GENOVEVA
Address: 7000 SW 23 STREET SPT#506
City-St-Zip: MIAMI, FL 33155

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: IOSVANI MONZON

P

05/02/2006

Electronic Signature of Signing Officer or Director

Date