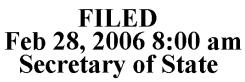
## **2006 FOR PROFIT CORPORATION**

## ANNUAL REPORT (AR)



DOCUMENT # P05000152883 1. Entity Name					02-06-2006 90078 047 ***150.00
SILVER REHABILITATION CENTER, INC.					
Principal Place of Business Mailing Address					1
3750 W 16TH AVE STE 226-A 3750 W 16TH AVE STE 22 HIALEAH FL 33012 HIALEAH FL 33012			TE 225-A	,	
2. Principal Place of Business		3. Mailing Address			
Suite. Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/05)
City & State		City & State			4. FEI Number Applied For 20 - 39 // 435 Not Applied be
Zip	Country	Zip	Count	lry	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	1		7. Name and Address of New Registered Agent
Name					
DIAZ, MARITZA 3750 W 16TH AVE STE 226-A HIALEAH FL 33012				Street Address (	P.O. Box Number is Not Acceptable)
	,				
•				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.					
SIGNATURE Signature, typed or privide nome of registered agent and title if applicable. (NOTE: Registered Agent agriculture required when remistating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	DP	Defete	BILE		☐ Change ☐ Addition
NAME STREET ADDRESS	DIAZ, MARITZA 3750 W 16TH AVE STE 226-A		NAME	T ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012			ST-ZIP	
TITLE		☐ Delete	DILE		☐ Change ☐ Addition
STREET ADDRESS			NAME STREE	T ADDRESS	
CITY-ST-ZIP	<b>\</b>			ST-ZIP	
TITLE		Oelsta	DILE		☐ Change ☐ Addition
STREET ADDRESS			NAME	1 ADORESS	
CITY-ST-ZIP	<u> </u>			S1-200	
TITLE		☐ Delete	1m£		☐ Change ☐ Addition
NAME			KAME	Ŀ	- · - · · ·
STREET ADDRESS CITY-ST-ZIP				T ADDRESS SI-ZIP	
<del></del>		Dave		<del></del>	
TITLE NAME		☐ Detete	title Name	l l	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREE	ET ADORESS ST-7JP	
THILE		☐ Delete	TITLE	<del></del>	☐ Change ☐ Addition
NAME		and projects	NAME	1	ட வக்க டி வளிரி
STREET ADDRESS				T ADORESS	•
CITY-ST-ZIP				S1-27P	
12. I hereby certify that the information supplied with this liling does not qualify for the exemptions contained in Section 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					