2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2006 8:00 am Secretary of State

DOCUMENT # P05000154039 1. Entity Name ANGELS REHABILITATION CENTER CORP						02-21-2006	5 90028 031	7 ***150	.00	
Principal Place of Business Maiting Address					- AUU	15000				
2884 SW 138 MIAMI, FL 3:	3 PATH	2884 SW 138 PATH MIAMI, FL 33175					-			
						N BEIRN GINN BENN BRIN B	6181 (1881 B)))) A1811			
2. Principal Place of Business T00/ 5w 74 CT		3. Mailing Address 500/ SW Suite, Apt. #, etc. /)4 C	7						
Suite, Apt. #, etc.		Suite, Apt. #, etc. /			02072006	Chg-P	CR2E03	4 (11/05)		
City & State	9	City & State MIAMI		,	4. FEI Numb	oer 0-39187	297		plied For t Applicable	
Zip 33ハ	Country	33/VV	Country D	L	5. Certificate	of Status Desired		8.75 Add ee Required		
,,,,,	6. Name and Address of Current	I			7. Name and	d Address of New	Registered A	gent		
CANTIOTEDAN CONTAINO				GONLALO SANTISTERAN						
SANTISTEBAN, GONZALO · - 2884 SW 138 PATH				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33175				1001	sw	<i>54 67</i>	<u> </u>			
			City					1		
9. Mo				min.			FL	Zip Code	71	
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 accepted obligations of registered agent.									and accept	
SIGNATURE Signature, Tophoch philips by the oil registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS AND	DIRECTORS	11,			/CHANGES TO OF	FICERS AND I	DIRECTORS	IN 11	
TITLE	DP	☐ Delete	TITLE	DP		SANAS ?	ERAN	C hange	☐ Addition	
NAME STREET ADDRESS	SANTISTEBAN, GONZALO 2884 SW 138 PATH		NAME STREET ADDRE	SS 000	NZAD	34 CT				
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP	10	א <i>במידו</i> א נדו)4 CT F/ 3	3/51			
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CITY-ST-ZIP			CITY-ST-ZIP							
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NAME STREET ADDRESS			NAME STREET ADDR	ESS						
CITY-ST-ZIP			CITY-ST-ZIP	-	•					
45 11 1	rertity that the information supplied with	this filing dags not qualify for	the exemptio	ne containo	d in Chapter 11	Q Florida Statutes	Liuriber certif	that the ir	formation	

2. Interest certify that the information supplied with this timing does not quality for the exemptions contained 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 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:

PROOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-06

(786) 507-1