2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006
Secretary of State

DOCUMENT# P05000156330

Entity Name: DORAL MEDICAL REHAB CENTER INC.

Current Principal Place of Business:

7420 W 20 AVENUE #434
HIALEAH, FL 33016

New Principal Place of Business:

3900 NW 79 AVE
210
DORAL, FL 33166

Current Mailing Address:

7420 W 20 AVENUE #434
HIALEAH, FL 33016

New Mailing Address:

3900 NW 79 AVE
210
DORAL, FL 33166

FEI Number: 83-0446336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAZ, ESPERANZA
7420 W 20 AVENUE #434
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

PAZ, ESPERANZA
3900 NW 79 AVE
210
DORAL, FL 33166 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: ESPERANZA PAZ 02/28/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PAZ, ESPERANZA
Address: 7420 W 20 AVENUE #434
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PAZ, ESPERANZA
Address: 3900 NW 79 AVE STE-210
City-St-Zip: DORAL, FL 33166

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: ESPERANZA PAZ P 02/28/2006
Electronic Signature of Signing Officer or Director Date