


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90032 001 ****75.00
04-10-2008 90032 002 ****75.00

DOCUMENT # P05000160148 1. Entity Name A D BLESSING REHAB, INC.					
Principal Place of Business 13045 SW 95 AVENUE MIAMI, FL 33176			Mailing Address 13045 SW 95 AVENUE MIAMI, FL 33176		
2. Principal Place of Business - No P.O. Box # 17250 SW 137 AVE		3. Mailing Address 10829 SW 232nd ST			
Suite, Apt. #, etc. 1A		Suite, Apt. #, etc. 			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33177		Country MIAMI-DADE		Zip 33170	
Country MIAMI-DADE		Country MIAMI-DADE			
6. Name and Address of Current Registered Agent JAY, DAISY M 13045 SW 95 AVENUE MIAMI, FL 33176			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JAY, DAISY M 13045 SW 95 AVENUE MIAMI, FL 33176		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DE JESUS, ANNIE 13045 SW 95 AVENUE MIAMI, FL 33176		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
12. I hereby certify that the information supplied with this filing does not qualify 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: <u><i>Daisy M. Blessing</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date 305 992 5770	