

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90339 046 ***150.00

DOCUMENT # P06000126300

1. Entity Name
VIDAL REHABILITATION CENTER, INC.



Principal Place of Business
829 NE 9 ST.
CAPE CORAL, FL 33909

Mailing Address
829 NE 9 ST.
CAPE CORAL, FL 33909



03272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5657147

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, WILLIAM A.
829 NE 9 ST.
CAPE CORAL, FL 33909

**DO NOT WRITE
IN THIS SPACE**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HALL, WILLIAM A
STREET ADDRESS 1314 E CAPE CORAL PARKWAY
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE VD
NAME MONTERO, ANDRES
STREET ADDRESS 829 NE 9 ST.
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE SD
NAME BERNAL, JUAN C
STREET ADDRESS 2128 NE 8 PLACE
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

WILLIAM A. HALL

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

03/29/08

Date

(239) 540-0303

Daytime Phone #