## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000132935

Entity Name: SANTOS REHABILITATION CENTER INC.

FILED Feb 22, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2500 NW 79TH AVE., SUITE 215 8900 CORAL WAY MIAMI, FL 33122

207 MIAMI, FL 33155

**Current Mailing Address: New Mailing Address:** 

2500 NW 79TH AVE., SUITE 215 8900 CORAL WAY MIAMI, FL 33122 207

MIAMI, FL 33155

FEI Number: 20-5745066 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SANTO, ORQUIDEA SANTO, ORQUIDEA 2387 W. 69TH ST., APT. #1 1484 SW 146 CT HIALEAH, FL 33016 MIAMI, FL 33184 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: ORQUIDEA SANTO 02/22/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition ( ) Delete Title:

SANTO, ORQUIDEA SANTO, ORQUIDEA Name: Name: 2387 W. 69TH ST., APT. 1 Address: 1484SW 146 CT Address: City-St-Zip: HIALEAH, FL 33016 City-St-Zip: MIAMI, FL 33184

I hereby certify that the information supplied with this filing does not qualify 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: ORQUIDEA SANTO OWNE 02/22/2008