

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90016 050 ***150.00

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1. Entity Name
DADE REHAB CORP.



Principal Place of Business
**104 CRANDON BLVD
SUITE 419
KEY BISCAINE, FL 33149 US**

Mailing Address
**104 CRANDON BLVD
SUITE 419
KEY BISCAINE, FL 33149 US**

40108301



DO NOT WRITE IN THIS SPACE

01092007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0390507

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SOTO, MYRNA
419 KEY EXECUTIVE BLDG
104 CRANDON BLVD
KEY BISCAINE, FL 33149**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SPENCER, S A**
STREET ADDRESS **104 CRANDON BLVD STE 419 251 Crandon Blvd., #164**
CITY-ST-ZIP **KEY BISCAINE, FL**

TITLE **VS**
NAME **LEISCHNER, STEVEN**
STREET ADDRESS **1979 DOGWOOD DRIVE**
CITY-ST-ZIP **SCOTCH PLAINS, NJ 07076**

TITLE **S**
NAME **SOTO, MYRNA**
STREET ADDRESS **104 CRANDON BLVD STE 419**
CITY-ST-ZIP **KEY BISCAINE, FL 33149**

TITLE **V**
NAME **Spencer, Mary M.**
STREET ADDRESS **251 Crandon Blvd., #164**
CITY-ST-ZIP **Key Biscayne, FL 33149**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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.

SIGNATURE: *Steven Leischer* - **Steven Leischer Secretary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07 (305) 361-8864
Date Daytime Phone #