

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 28 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000035339 (8)**

1. Corporation Name

**IDEAL REHABILITATION CENTER, INC.**

Principal Place of Business

8801 W. FLAGLER STREET STE. 304  
MIAMI FL 33174

Mailing Address

8801 W. FLAGLER STREET STE. 304  
MIAMI FL 33174

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**05/10/1994**

3a. Date of Last Report

2. Principal Place of Business

21 **351 N.W. Le Jeune Rd.**

2a. Mailing Address

26 **same**

4. FEI Number

**65-0495548**

Applied For

Not Applicable

22 Suite, Apt. #, etc.

**Suite 204**

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

**Miami FL**

28 City & State

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24 Zip

**33126**

25 Country

**U.S.A.**

29 Zip

30 Country

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**RODRIGUEZ, BERTA C**  
8801 W. FLAGLER STREET STE. 304  
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 **Marilyn L. Rodriguez**  
82 **351 N.W. Le Jeune Rd. Ste. 204**  
83  
84 **Miami** **FL** 85 **33126**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

*Marilyn L. Rodriguez*

(NOTE: Registered Agent signature required when registering)

4/11/95

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**  
NAME **RODRIGUEZ, BERTA C**  
STREET ADDRESS **8801 W. FLAGLER STREET STE. 304**  
CITY - ST - ZIP **MIAMI FL 33174**

TITLE **D**  
NAME **CASADO, GLORIA**  
STREET ADDRESS **7700 CAMINO REAL BLDG. D., STE. 205**  
CITY - ST - ZIP **MIAMI FL 33143**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **President**  Change  Addition  
12 NAME **Marilyn L. Rodriguez**  
13 STREET ADDRESS **351 N.W. Le Jeune Rd. Ste 204**  
14 CITY - ST - ZIP **Miami FL 33126**

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Marilyn L. Rodriguez Pres.*

4/11/95 (305) 642-8442

(SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)