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

PROFIT CORPORATION . **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary & State DIVISION OF CORPORATIONS

1996

P95000005647 (9) **DOCUMENT #** 1. Corporation Name

GABLES REHAB CENTER, INC.				
	CADIEC	DCUAD	CENTED	INC

Principal Place	Principal Place of Business Mailing Address			T CONTINUES AND BEST OF BEST OF SERVICE BEST OF SERVICE BEST OF SERVICE BEST OF SERVICE SERVICES SERVI			
2464 CORAL WAY MIAMI FL 33145		2464 CORAL WAY MIAMI FL 33145					
					3. Date incorporated or Qualified 01/23/1995	3a. Date of La	st Report
21	ace of Business	2a. Mailing Address 26			4. FEI Number 65_054.9155		Applied For Not Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional ee Required
City & State		Crty & State	* ***********************************	=	Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zip 24	Country 25	Zip 29	Country 30		8. This corporation has liability for Florida Statutes Yes	intangible tax unde	ers 199.032,
	9. Name and Address of Currer	t Registered Agent			Name and Address of New R	legistered Agent	
DIAZ, M. 2464 CC MIAMI F	ARCOS A DRAL WAY - 1801 COYE L 33145	N Way Suite#	82 ∂ ≥ 83 84	Street Add	Iress (P.O. Box Number is Not Acceptab		7.0.1
-			64	∪'ty		F1 85	Zip Code
SIGNATURE	Signature, tyred or printed name of replaced age of OFFICERS ANI PD PUGLIA, EDGARDO 2464 CORAL WAY MIAMI FL 33145		13. 1.1 THE 12 NAME 13 STREET / 14 CHY-ST	ADDRESS	ADDITIONS/CHANGES TO OFFI	✓ Chan	
TiTLE	SVD	[] DELETE	2 1 THLE		PDSVD	Chan	ge Addition
NAME STREET ADDRESS CITY STIZIP	DIAZ, MARCOS A -2464 CORAL WAY- 1801 (MIAMI FL 33145	ional way \$103	22 NAME 23 STREET A 24 CHY+ST	ADDRESS .	DIAZ, MACOS A 18	_	, <u> </u>
TITLE NAME STREET ADDRESS CITY-S1-ZIP	,	☐ ÓELFTE	3 1 TITLE 3 2 NAME 33 STREET. 34 CITY-ST	ADDRESS	miani	[] Chan	ge 🔲 Addition
THE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4 1 TITLE 4 2 NAME 4.3 SIREF: A	ADDRESS		Chan	ge 🔲 Addition
TITLE NAME STHEET ADDRESS CITY-ST-ZIP		DELETE	4 4 CHY - ST 5 1 THE 5 2 NAME 5 3 STREET A	DOFESS		Chan	ge 🔲 Addition
TITLE NAME		☐ DELETE	5 4 CITY - SI- 6 1 TIT. F 4. 62 NAME 4		40000175 -03/27/96010	59 504 57012	ge 🔲 Addition

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)(x). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual prior is true and accurate and trial 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 trust of upowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if change from an automorphism of the properties.

6.3 STREET ADDRESS

6.4 CHY: ST- Z.P.

SIGNATURE: X

STREET ADDRESS

CITY - S1 - ZIP

Marcos A. Dinz

***200.00