## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT** DOCUMENT # P95000032016 1. Entity Name GABLES REHAB, INC.

**FILED** Apr 17, 2006 08:00 AN Secretary of State

Fee Required



Principal Place of Business

1200 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134

Mailing Address 590 WEST 20TH STREET HIALEAH, FL 33010



## DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 01062006 4. FEI Number Applied For 65-0572720 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

5. Name and Address of Current Registered Agent

Sracus

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRACERAS, WILFRED 600 W 20TH STREET HIALEAH, FL 33010

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

04/12/06

Date

Daytime Phone #

|  | named entity submits this statement for the putions of registered agent. | urpose of changing its re                  | gistered office or r      | egistered agent, or bot                          | h, in the State of Florida. I am familiar with, and accept |
|--|--|--|---------------------------|--|--|
| SIGNATURE Signature, typed or printed name of registered agent and Bite if applicable. (NOTE, Registered   |  |  | egistered Agent signature | Agent signature required when reinstating)  DATE |  |
|  | E NOW!!! FEE !8 \$150.00<br>ay 1, 2006 Fee will be \$550.00              | Election Campaign     Trust Fund Contribut |                           | \$5.00 May Be<br>Added to Fees                   | •  |
| 10.  | OFFICERS AND DIRECT  | TORS                                       | T T                       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PTC<br>BRACERAS, WILFRED<br>600 WEST 20TH STREET<br>HIALEAH, FL 33010    |  |                           | , .  | 1100000514274  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |                           |  | 04/29/06-80169-016 158.75                                  |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP   |  |  |                           | DO   | NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |                           | IN 7   | THIS SPACE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |                           |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |                           |  |  |
| 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 cath; 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. |  |  |                           |  |  |

PRESIDENT