

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90103 042 \*\*\*150.00

**DOCUMENT # P96000031947**

1. Entity Name  
**CHRISTIAN REHABILITATION, INC.**



Principal Place of Business

**8261 SW 41ST COURT  
DAVIE, FL 33328**

Mailing Address

**8261 SW 41ST COURT  
DAVIE, FL 33328**

**40034309**



**DO NOT WRITE IN THIS SPACE**

04092005 No Chg-P CR2E034 (10/03)

4. FEI Number

**65-0656155**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RAMDHANIE, DAVEANAND M  
8261 SW 41ST COURT  
DAVIE, FL 33328**

**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, 2005 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	DAVEANAND, RAMDHANIE
STREET ADDRESS	8261 SW 41ST CT 8261 S.W 41st Ct.
CITY-ST-ZIP	DAVIE, FL
TITLE	VP
NAME	RAMDHANIE, CHRISTIANA
STREET ADDRESS	8261 SW 41ST CT 8261 S.W 41st Ct.
CITY-ST-ZIP	DAVIE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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:**

*Daveanand Ramdhania* **DAVEANAND RAMDHANIE**

Date

**4/11/05**

Daytime Phone #