

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000036983

1. Entity Name
TOTAL CARE REHAB CENTER, INC.



Principal Place of Business
**8498 SW 8 STREET
MIAMI, FL 33144**

Mailing Address
**8498 SW 8 STREET
MIAMI, FL 33144**



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0667677

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EXPOSITO, AMARO M
8498 SW 8 ST
MIAMI, FL 33144**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
EXPOSITO, AMARO M
8498 SW 8ST
MIAMI, FL 33144**

TITLE
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CITY-ST-ZIP

UD00000188263
01/24/05-80049-008 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #