

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90072 001 \*\*\*150.00

**DOCUMENT # P97000059900**



1. Entity Name  
**ALL TECH THERAPY AND REHAB MEDICAL CENTER  
CORP.**

Principal Place of Business  
**5200 SW 8TH STREET  
STE 204A  
MIAMI, FL 33134**

Mailing Address  
**5200 SW 8TH STREET  
STE 204A  
MIAMI, FL 33134**

**50015092**



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0773666**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**VALDES, ERNESTO A  
5200 SW 8TH STREET  
STE 204A  
MIAMI, FL 33134**

**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

*SWB*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**02-08-05**

**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 PD  
NAME VALDES, ERNESTO A  
STREET ADDRESS 5200 S.W. 8TH ST., STE. 204A  
CITY-ST-ZIP MIAMI, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:

*SWB*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-08-05**

Date

Daytime Phone #