## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 12, 2006 08:00 AN Secretary of State

DOCUMENT # P97000059900  1. Entity Name ALL TECH THERAPY AND REHAB MEDICAL CENTER CORP.				Secretary of State			
Principal Place 5200 SW 8TH STE 204A MIAMI, FL 33	I STREET	Mailing Address 5200 SW 8TH STREET STE 204A MIAMI, FL 33134	· . ·				
D	O NOT WRITE		CE	01102006  4. FEI Number 65-07736  5. Certificate of	No Chg-P	CR2E034 (	
	6. Name and Address of Current Reg	sistered Agent		•		, , , , , , , , , , , , , , , , , , , ,	
5200 SW 8 STE 204A MIAMI, FL		DO NOT WRITE IN THIS SPACE					
the obligati	named entity submits this statement for thons of registered agent.	e purpose of changing its register	ed office or registe	ered agent, or both,		ida. I am fami	
SIGNATURE_	Signature, typed or printed name of registered agent and t	ide if applicable (NOTE, Registere	ed Agont signature require	ed when reinstaling)		DATE	
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Final     Trust Fund Contribution.		5.00 May Be ded to Fees		·	
10.	OFFICERS AND DIF	ECTORS "	4		***		: 13 : 13
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALDES, ERNESTO A 5200 S.W. 8TH ST., STE. 204A MIAMI, FL 33134						
TITLE NAME STREET ADORESS		., , , , , , , , , , , , , , , , , , ,	{		01/12/06-	382914 80030-0	22 150.00

DO NOT WRITE IN THIS SPACE

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 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: \_

CITY-ST-Z/P
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/06

(305) 648 1146

Date