
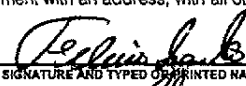


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000092338</b>		
1. Entity Name <b>ULTIMATE REHABILITATION AGENCY, INC.</b>		
Principal Place of Business <b>1800 S.W. 27TH AVENUE SUITE 600 MIAMI, FL 33145</b>		Mailing Address <b>1800 S.W. 27TH AVENUE SUITE 600 MIAMI, FL 33145</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>IZQUIERDO, FILENO J 13416 S.W. 68 ST. MIAMI, FL 33183</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>11110000533805 05/06/06-60137-018 158.75</b>
TITLE	PSD	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	IZQUIERDO, FILENO J	
STREET ADDRESS	13416 S.W. 68 TERRACE	
CITY - ST - ZIP	MIAMI, FL 33183	
TITLE		
NAME		
STREET ADDRESS		<b>DO NOT WRITE IN THIS SPACE</b>
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<b>DO NOT WRITE IN THIS SPACE</b>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		<b>DO NOT WRITE IN THIS SPACE</b>
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 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: 		<b>1/5/06</b> <b>305 440-3363</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #