## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000053806

4005 NW 114 AVE #5

MIAMI, FL 33178

Address:

City-St-Zip:

Entity Name: ST. LOUIS REHABILITATION PROGRAM, INC.

FILED Apr 17, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place	New Principal Place of Business:	
4005 NW 114 AVENUE			
#5 MIAMI, FL 33178 US			
Current Mailing Address:	New Mailing Address	<b>3:</b>	
4005 NW 114 AVENUE			
# 5 MIAMI, FL 33178 US			
FEI Number: 65-0856874 FEI Number Applied For (	) FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:		f New Registered Agent:	
SILVERA, SEBASTIAN 4005 NW 114 AVENUE STE 5 MIAMI, FL 33178 US			
The above named entity submits this statement for in the State of Florida.	the purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:			
Electronic Signature of Registered	d Agent	Date	
Election Campaign Financing Trust Fund Contribution ( )			
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: VSTD () Delete Name: SILVERA, JULIO O Address: 4005 NW 114 AVE #5 City-St-Zip: MIAMI, FL 33178	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: PD () Delete	Title:	( ) Change ( ) Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIO SILVERA P 04/17/2006