2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: __

Mar 08, 2006 08:00 AM DOCUMENT # P98000057846 **Secretary of State** 1. Eukity Name ARBE REHAB, INC. Mailing Address Principal Place of Business 449 PINECREST DRIVE 449 PINECREST DRIVE MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166 2. Principal Place of Business 3. Mailing Address Suite. Apt. II, etc. Stiffe, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0847461 Not Applicable Ζιρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, ANA B Street Address (P.O. Box Number is Not Acceptable) 449 PINECRÉST DRIVE MIAMI SPRINGS FL 33166 Zip Code 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 ubligations of registered agent. SIGNATURE . Signature Typed or portod name of registered agent and little if applicable INOTE Registered Apent sometime required when revisitional OKTE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition ☐ Detete HILE NAME RODRIGUEZ, ANA B NAME STREET ADDRESS U000000460026 STREET ADDRESS 449 PINECREST DRIVE 0.V18/06-00056 018-150.00 MIAMI SPRINGS FL 33166 City-St-79 CHY-SI-78 ☐ Delete ☐ Addition Change nntTHEE NAME NAM STRILL FADDRESS STREET ADDRESS CITY ST-71F CSTY - ST - ZSP Delete THE Change ☐ Addition RILL NAME NAME STREET ADDRESS STHEET ADDRESS CITY-ST-70P CITY-ST-ZIP MILE Delete HHE □ Change ☐ Addition NAME MAME STREET ACOBESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Delete me TITLE Change Addition NAME ΝΑΜΕ STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-SI-7/P DILE Delete Change ☐ Addition ME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST- LIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

786) 426-0246