2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000057861

1. Entity Name
MIAMI-DADE PHYSICAL REHABILITATION, INC.

FILED
04-27-2005 90345 006 **150.00

05 JUN 10 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1840 W. 49 STREET SUITE 310 HIALEAH, FL 33012	1840 W. 49 STREET SUITE 310 HIALEAH, FL 33012

01102005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0852860
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VALENCIA, ELIZABETH
1840 WEST 49TH STREET, STE 310
HIALEAH, FL 33012

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PTD
NAME	VALENCIA, ELIZABETH
STREET ADDRESS	1840 W. 49TH ST., SUITE 310
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	VPS
NAME	GIRALDO, VICTORIA
STREET ADDRESS	1840 W 49 ST #310
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #