

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000073669

FILED
Apr 20, 2005
Secretary of State

Entity Name: DADE INJURY REHABILITATION, INC.

Current Principal Place of Business:

17325 N.W. 27TH AVE
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

17325 N.W. 27TH AVE
MIAMI, FL 33056

New Mailing Address:

FEI Number: 65-0858114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, BONNIE S CPA
9050 PINES BLVD., STE 384
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEWIN, ROBERT
Address: 17325 N.W. 27TH AVE
City-St-Zip: MIAMI, FL 33056

Title: VP () Delete
Name: SHAPIRO, GUY
Address: 17325 NW 27TH AVE.
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT LEWIN

PRES

04/20/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date