

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000095218

FILED
May 16, 2006
Secretary of State

Entity Name: MIDLAND OUTPATIENT REHAB FACILITY, INC.

Current Principal Place of Business:

9350 S. DADELAND BLVD.
SUITE 101
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

9350 S. DADELAND BLVD.
SUITE 101
MIAMI, FL 33156

New Mailing Address:

FEI Number: 65-0877366 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SEALY, JOANNE A
9350 S. DADELAND BLVD
SUITE 101
MIAMI, FL 33156 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SEALY, JOANNE A
Address: 9350 S. DADELAND BLVD. SUITE 101
City-St-Zip: MIAMI, FL 33156

Title: V () Delete
Name: SEALY, LLOYD
Address: 9350 S. DADELAND BLVD. SUITE 101
City-St-Zip: MIAMI, FL 33156

Title: T/S () Delete
Name: BAYOH, SORIE A
Address: 9350 S. DADELAND BLVD. SUITE 101
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: JOANNE SEALY

P

05/16/2006

Electronic Signature of Signing Officer or Director

_____ Date