

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jul 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000016153**

**1. Entity Name**  
**PENALBA REHABILITATION MEDICINE, P.A.**



**Principal Place of Business**

**7401 SW 62ND AVENUE  
FIRST EAST TOWER BLDG  
SOUTH MIAMI, FL 33143**

**Mailing Address**

**7511 SW 89TH AVENUE  
MIAMI, FL 33173**



07032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**65-0895445**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**PENALBA, CLAUDIA M.D.  
7511 SW 89 AVE  
MIAMI, FL 33173**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**U000000767899**  
**07/10/07-80024-002 150.00**

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

**9. Election Campaign Financing**  
**Trust Fund Contribution.**

☐ **\$5.00 May Be Added to Fees**

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**P**  
**PENALBA, CLAUDIA E**  
**7511 SW 89TH AVENUE**  
**MIAMI, FL 33173**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Claudia E. Penalba*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**7-5-07** **786 662-5126**  
**Date** **Daytime Phone #**