

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90030 021 ***558.75

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07212008 Chg-P CR2E034 (12/06)

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|--|---|--|--|--|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # 6705 Red Road | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| Suite, Apt. #, etc. 516 | | Suite, Apt. #, etc. | | | |
| City & State Coral Gables, FL | | City & State | | 4. FEI Number 65-0895445 | |
| Zip 33143 | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PENALBA, CLAUDIA M.D. 7511 SW 89 AVE MIAMI, FL 33173 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 obligations of registered agent. SIGNATURE: <i>Claudia Penalba</i> DATE: 7-21-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PENALBA, CLAUDIA E 7511 SW 89TH AVENUE MIAMI, FL 33173 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | - | <input type="checkbox"/> Delete | | | |
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| 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: <i>Claudia Penalba</i> Date: 7-21-08 Daytime Phone #: 305 403-2921 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |