

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000031385

1. Entity Name

MED-ONE REHABILITATION CENTER INC.



Principal Place of Business

900 W 49TH ST
HIALEAH, FL 33012

Mailing Address

900 W 49TH ST
HIALEAH, FL 33012



03072006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0955401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CARBAJAL, NURY
900 W 49 ST #448
HIALEAH, FL 33012

**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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000477381
04/05/06-80049-001 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME CARBAJAL, NURY
STREET ADDRESS 900 W 19 ST #448
CITY-ST-ZIP HIALEAH, FL 33012

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #