


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 04, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P99000083166</b> 1. Entity Name STAT REHABILITATION SERVICES, INC.	
--	---

Principal Place of Business 2533B NW 72 AVE. MIAMI, FL 33122	Mailing Address 2533B NW 72 AVE. MIAMI, FL 33122
--	--

**DO NOT WRITE IN THIS SPACE**



02242005 No Chg-P CR2E034 (10/03)

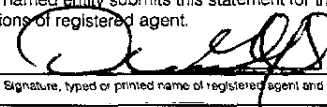
4. FEI Number 65-0947781	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ROSARIO SILVA, DANIELA DEL  
2533 B NW 72 AVE.  
MIAMI, FL 33122

**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  DATE 02/25/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)


<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000247333 03/01/05-80018-003 150.00
---	---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SILVA, DANIELA DEL R 2533B NW 72 AVE. MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, DANIELA DEL R 2533B NW 72 AVE. MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 another like empowered.

SIGNATURE:  DATE 02/25/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR