

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008045

FILED
Jan 03, 2007
Secretary of State

Entity Name: RESCUE, REHAB, HOME, INC.

Current Principal Place of Business:

7491 N. FEDERAL HIGHWAY
SUITE #C1-3
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

7491 N. FEDERAL HIGHWAY
SUITE #C1-3
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 20-3279834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLF, JAMIE
7491 N FEDERAL HWY
BOCA RATON, FL 33487 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOLF, JAMIE
Address: 7491 N. FEDERAL HIGHWAY, SUITE #C1-3
City-St-Zip: BOCA RATON, FL 33487

Title: VP () Delete
Name: WOLF, BARRY
Address: 7491 N FEDERAL HWY SUITE C3
City-St-Zip: BOCA RATON, FL 33487

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: M () Change (X) Addition
Name: TANNENBAUM, BRUCE DVM
Address: 3013YAMATO RD-REGENCY VETERINARY
City-St-Zip: BOCA RATON, FL 33434

Title: M () Change (X) Addition
Name: DOOLEY, ANDREW DVM
Address: 5400 N DIXIE HWY-TLC ANIM HOSP
City-St-Zip: BOCA RATON, FL 33487

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMIE WOLF

MRS

01/03/2007

Electronic Signature of Signing Officer or Director

Date