2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# P00000010437

Entity Name: A.B. REHABILITATION CENTER INC.

Current Principal Place of Business:

1901 W. FLAGLER STREET
STE 7
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

1901 W. FLAGLER STREET
STE 7
MIAMI, FL 33135

New Mailing Address:

FEI Number: 65-0983398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PORRUA, ZUGEILYS
15040 SW 10 ST
MIAMI, FL 33194 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PORRUA, ZUGEILYS
Address: 15040 SW 10TH STREET
City-St-Zip: MIAMI, FL 33194

Title: VP ( ) Delete
Name: CASTILLO, YURIANDENYS
Address: 15040 SW 10TH STREET
City-St-Zip: MIAMI, FL 33194

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

SIGNATURE: ZUGEILYS PORRUA MS 01/08/2007

Electronic Signature of Signing Officer or Director Date