## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000009414

City-St-Zip:

Entity Name: Z REHAB SERVICES, P.A.

FILED Apr 14, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
613 LOIRE COURT JACKSONVILLE, FL 32	2259			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
613 LOIRE COURT JACKSONVILLE, FL 32	2259			
FEI Number: 20-4175940	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
GONZALEZ, ZORAYA 613 LOIRE COURT JACKSONVILLE, FL 32	2259 US			
The above named entity in the State of Florida.	$\gamma$ submits this statement for the $\gamma$	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
Election Campaign Financi	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: ( Name: Address:	) Delete	Title: CEO Name: GONZALEZ, Address: 613 LOIRE C		

City-St-Zip:

JACKSONVILLE, FL 32259

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: ZORAYA GONZALEZ CEO 04/14/2007