

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000006728

FILED
Jul 21, 2008
Secretary of State

Entity Name: HOPE REHABILITATION SERVICES, P.A.

Current Principal Place of Business:

13337 SW 115 PL
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

13337 SW 115 PL
MIAMI, FL 33176

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALACIOS, LUISA
13337 SW 115 PL
MIAMI, FL 33176 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PALACIOS, LUISA
Address: 13337 SW 115 PL
City-St-Zip: MIAMI, FL 33176

Title: VD () Delete
Name: PALACIOS, RICARDO
Address: 13337 SW 115 PL
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: PALACIOS, RICARDO
Address: 13337 SW 115 PL
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify 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: RICARDO PALACIOS

VP

07/21/2008

Electronic Signature of Signing Officer or Director

Date