## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000046411

Entity Name: EAST COAST MEDICAL REHAB, INC.

FILED Mar 23, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8101 CORAL WAY MIAMI, FL 33155

Current Mailing Address: New Mailing Address:

8101 CORAL WAY MIAMI, FL 33155

FEI Number: 42-1623930 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FERRER, JOHANNA A
19390 COLLINS AVE.
SUITE PH27A
SUNNY ISLES, FL 33160 US

FERRER, JOHANNA A
14892 SW 22 TERR
MIAMI, FL 33185 US

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: JOHANNA FERRER 03/23/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 FERRER, JOHANNA A

 Address:
 19390 COLLINS AVE., SUITE PH27A
 Address:
 14892 SW 22TERR

 City-St-Zip:
 SUNNY ISLES, FL 33160
 City-St-Zip:
 MIAMI, FL 33185

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: JOHANNA FERRER P 03/23/2006