

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000165340

FILED
Jul 01, 2007
Secretary of State

Entity Name: CENTURY HEALTH & REHAB, INC.

Current Principal Place of Business:

2809 N POWERS DR, SUITE D
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

2809 N POWERS DR, SUITE D
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 20-1985881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTHONY, CORETTA S ESQ
EIFFERT & ANTHONY, P.A.
122 E COLONIAL DR, SUITE 210
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

THELUSMA, ROBERTO
7680 GRAMERCY DR
ORLANDO, FL 32818 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: ROBERTO THELUSMA

07/01/2007

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: P () Delete
Name: THELUSMA, ROBERTO
Address: 6636 POMEROY CIRCLE
City-St-Zip: ORLANDO, FL 32810

Title: V (X) Delete
Name: VILSAINT, EVENS
Address: 1005 E. BUCHANON AVENUE APT 3
City-St-Zip: ORLANDO, FL 32809

Title: S (X) Delete
Name: PIERRE, HENRY
Address: 6233 LYNETTE STREET
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: ROBERTO THELUSMA

P

07/01/2007

Electronic Signature of Signing Officer or Director

Date