2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# P04000061811

Entity Name: QUALITY CARE REHAB GROUP INC.

Current Principal Place of Business:

2500 SW 107 AVE STE 20
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

3044 SW 156 PL
MIAMI, FL 33185

New Mailing Address:

FEI Number: 54-2149035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACHIN, PEDRO T
2500 SW 107 AVE STE 20
MIAMI, FL 33165 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: PSTD ( ) Delete
Name: MACHIN, PEDRO T JR
Address: 5721 SW 165 CT
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PEDRO MACHIN P 04/16/2008

Electronic Signature of Signing Officer or Director Date