

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 26, 2005
Secretary of State**

DOCUMENT# 725328

Entity Name: PSYCHO-SOCIAL REHABILITATION CENTER, INC.

Current Principal Place of Business:5711 S. DIXIE HIGHWAY
SOUTH MIAMI, FL 33143**New Principal Place of Business:****Current Mailing Address:**5711 S. DIXIE HIGHWAY
SOUTH MIAMI, FL 33143**New Mailing Address:**

FEI Number: 59-1466709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:GIAMPAOLO, JOHN C VP ADM
5711 S DIXIE HWY
S. MIAMI, FL 33143 US**Name and Address of New Registered Agent:**GATO, GERARDO VP F&O
5711 S DIXIE HWY
S. MIAMI, FL 33143 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: GERARDO GATO

05/26/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: VD () Delete
Name: KREISBERG, IRVING
Address: 251 CRANDON BLVD APT#500
City-St-Zip: KEY BISCAYNE, FL 33149Title: TD () Delete
Name: KLOMPARENS, AL
Address: 9131 SW 19 ST
City-St-Zip: S. MIAMI, FLTitle: SD () Delete
Name: GREEN, NANCY
Address: 10320 SW 69 AVENUE
City-St-Zip: MIAMI, FL 33156Title: CD () Delete
Name: SIBLEY, CURTISS
Address: 5750 SUNSET DRIVE
City-St-Zip: SOUTH MIAMI, FL 33143Title: D () Delete
Name: SANTANA, PUBLIO M
Address: 9501 SW 45 STREET
City-St-Zip: MIAMI, FL 33165Title: PD () Delete
Name: OLLER, VIRAMA
Address: 5711 SOUTH DIXIE HWY
City-St-Zip: SOUTH MAIMI, FL 33143**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
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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 for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRAMA OLLER

PD

05/26/2005

Electronic Signature of Signing Officer or Director

Date