2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 31, 2006
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:

OLLER, VIRAMA P/CEO
5711 S DIXIE HWY
S. MIAMI, FL 33143 US

Name and Address of New Registered Agent:

SANTANA, PUBLIO M P/CEO
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: PUBLIO M. SANTANA 03/31/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: KREISBERG, IRVING
Address: 251 CRANDON BLVD APT#500
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TD ( ) Delete
Name: KLOMPARENS, AL
Address: 9131 SW 19 ST
City-St-Zip: S. MIAMI, FL 33156

Title: SD ( ) Delete
Name: GREEN, NANCY
Address: 10320 SW 69 AVENUE
City-St-Zip: MIAMI, FL 33156

Title: VD ( ) Delete
Name: SANTANA, PUBLIO M
Address: 9501 SW 45 STREET
City-St-Zip: MIAMI, FL 33165

Title: PD ( ) Delete
Name: OLLER, VIRAMA
Address: 5711 SOUTH DIXIE HWY
City-St-Zip: SOUTH MIAMI, 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
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: SANTANA, PUBLIO M P/CEO
Address: 9501 SW 45 STREET
City-St-Zip: MIAMI, FL 33165

Title: VD (X) Change ( ) Addition
Name: DARLING DE CORTES, ANDREA
Address: 740 MAJORCA AVE
City-St-Zip: CORAL GABLES, FL 33134 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PUBLIO M. SANTANA CEO 03/31/2006
Electronic Signature of Signing Officer or Director Date