

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 03, 2008  
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 (X)

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

SANTANA, PUBLIO M P/CEO  
5711 S DIXIE HWY  
S. MIAMI, FL 33143      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

**OFFICERS AND DIRECTORS:**

Title: CD      ( ) Delete  
Name: KREISBERG, IRVING  
Address: 251 CRANDON BLVD APT#500  
City-St-Zip: KEY BISCAVNE, 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: PD      ( ) Delete  
Name: SANTANA, PUBLIO M P/CEO  
Address: 9501 SW 45 STREET  
City-St-Zip: MIAMI, FL 33165

Title: VD      ( ) Delete  
Name: BALDOR, LILIA C  
Address: 3177 SW 109TH COURT  
City-St-Zip: MIAMI, FL 33165 US

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD      (X) Change ( ) Addition  
Name: GREEN, NANCY  
Address: 10320 SW 69TH AVE  
City-St-Zip: MIAMI, FL 33156

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

Title: SD      (X) Change ( ) Addition  
Name: KING, JEFFREY  
Address: 2990 SW 30TH COURT  
City-St-Zip: MIAMI, FL 33133

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

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

Title: D      ( ) Change (X) Addition  
Name: KREISBERG, IRVING  
Address: 251 CRANDON BLVD APT #500  
City-St-Zip: KEY BISCAVNE, FL 33149

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 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

PD

03/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date