

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L24309

FILED  
Mar 28, 2007  
Secretary of State

**Entity Name:** NEUROLOGICAL REHABILITATION CENTER PROGRAM SERVICES, INC.

**Current Principal Place of Business:**

C/O INGE BONIS  
7777 NORTH UNIVERSITY DRIVE  
TAMARAC, FL 33321

**New Principal Place of Business:**

C/O JORGE CUERVO  
7777 NORTH UNIVERSITY DRIVE  
TAMARAC, FL 33321

**Current Mailing Address:**

C/O INGE BONIS  
7777 NORTH UNIVERSITY DRIVE  
TAMARAC, FL 33321

**New Mailing Address:**

C/O JORGE CUERVO  
7777 NORTH UNIVERSITY DRIVE  
TAMARAC, FL 33321

FEI Number: 65-0157388

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BONIS, INGE  
7777 NORTH UNIVERSITY DRIVE  
TAMARAC, FL 33321 US

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

CUERVO, JORGE  
7777 NORTH UNIVERSITY DRIVE  
TAMARAC, FL 33321 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: JORGE CUERVO

03/28/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BONIS, INGE,  
Address: 7777 N. UNIVERSITY DR.  
City-St-Zip: TAMARAC, FL

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

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

Title: DIR (X) Change ( ) Addition  
Name: CUERVO, JORGE,  
Address: 7777 N. UNIVERSITY DR.  
City-St-Zip: TAMARAC, FL 33321 US

Title: DIR ( ) Change (X) Addition  
Name: GREEN, MATTHEW,  
Address: 7777 N. UNIVERSITY DR.  
City-St-Zip: TAMARAC, FL 33321 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE CUERVO

CEO

03/28/2007

Electronic Signature of Signing Officer or Director

Date