2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# M25013

Entity Name: ARLENE KAPLAN REHABILITATION SERVICES, INC.

Current Principal Place of Business:

P O BOX 840938
PEMBROKE PINES, FL 33084

New Principal Place of Business:

671 S. HOLLYBROOK DRIVE
101
PEMBROKE PINES, FL 33025

Current Mailing Address:

P O BOX 840938
PEMBROKE PINES, FL 33084

New Mailing Address:

FEI Number: 59-2621098 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAPLAN, ARLENE
671 S HOLLYBROOK DRIVE #101
PEMBROKE PINES, FL 33025 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: PSD ( ) Delete
Name: KAPLAN, ARLENE,
Address: 671 S HOLLYBROOK DR #101
City-St-Zip: PEMBROKE PINES, FL

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: ARLENE KAPLAN PRES 03/31/2008

Electronic Signature of Signing Officer or Director Date