

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000011975

FILED
May 01, 2007
Secretary of State

Entity Name: HEALIS REHABILITATION CENTER, INC.

Current Principal Place of Business:

18001 OLD CUTLER ROAD
SUITE 368
PALMETTO BAY, FL 33157 US

Current Mailing Address:

18001 OLD CUTLER ROAD
SUITE 368
PALMETTO BAY, FL 33157 US

New Principal Place of Business:

18001 OLD CUTLER ROAD
SUITE 354
PALMETTO BAY, FL 33157 US

New Mailing Address:

18001 OLD CUTLER ROAD
SUITE 354
PALMETTO BAY, FL 33157 US

FEI Number: 65-0979970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DON MOORE
100 SE 2ND ST.
MIAMI, FL 33131 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ATTONG, HEATHER
Address: 16780 SW 78 AV
City-St-Zip: PALMETTO BAY, FL 33157

Title: VPD () Delete
Name: GALVEZ, LISA
Address: 10526 S.W. 127TH PLACE
City-St-Zip: MIAMI, FL 33186

Title: STD () Delete
Name: GALVEZ, LISA
Address: 16681 SW 78 AV
City-St-Zip: PALMETTO BAY, FL 33157

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:

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: HEATHER ATTONG

PD

05/01/2007

Electronic Signature of Signing Officer or Director

Date