2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000064343

Entity Name: MIAMI MEDICAL AND REHABILITATION CENTER, INC.

FILED Mar 26, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

Current Mailing Address: New Mailing Address:

1378 SW 22ND ST., 4B 1378 SW 22ND ST 4B MIAMI, FL 33145 1378 SW 22ND ST 4B

FEI Number: 65-1023994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RUIZ, FELIPE GONZALEZ, YANELIS
3670 NW 1ST STREET 11780 SW 18 ST
MIAMI, FL 33125 US MIAMI, FL 33175 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: YANELIS GONZALEZ 03/26/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete

Name: RUIZ, FELIPE
Address: 3670 NW 1ST STREET
City-St-Zip: MIAMI, FL 33125

Title: P (X) Delete
Name: GONZALEZ, YANELIS
Address: 11780 SW 18TH ST

City-St-Zip:

MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition

Name: GONZALEZ, YANELIS Address: 11780 SW 18 ST City-St-Zip: MIAMI, FL 33175

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: YANELIS GONZALEZ P 03/26/2008