- · ¹ -2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NA

Apr 30, 2005 08:00 AM **DOCUMENT # P00000092858 Secretary of State** 1. Entity Name QUALITY REHAB CENTER, INC. Principal Place of Business Mailing Address 18724 SW 16TH ST 18724 SW 16TH ST PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33029 %F,,,,,5.414F& 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1043892 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Centificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRADO, ADRIANA Street Address (P.O. Box Number is Not Acceptable) 8600 SW 67 ABE, #939 MIAMI, FL 33143 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstalling) Signature, typed of printed name of registered agent and title if applicable, 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. U0000345034□ Change □ Addition DD E ___ Delete TILE PRADO, ADRIANA NAME NAME 04/30/05~80022-005 150.00 STREET ADDRESS 8600 SW 67 AVE, #939 STREET ADDRESS MIAMI, FL 33143 COY-ST-7P CITY-ST-ZIF TITLE - Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation of the receiver or truffee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other files empowered.

SIGNING OFFICER ON DIRECTOR

FILED