2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jan 27, 2005
Secretary of State

DOCUMENT# P00000102770

Entity Name: GENTLE CARE REHABILITATION SERVICES, INC.

Current Principal Place of Business:

18040 SW 152 AVE
MIAMI, FL 33187

New Principal Place of Business:

2200 E. IRLO BRONSON HWY.
SUITE 105
KISSIMMEE, FL 34744

Current Mailing Address:

18040 SW 152 AVE
MIAMI, FL 33187

New Mailing Address:

2200 E. IRLO BRONSON HWY.
SUITE 105
KISSIMMEE, FL 34744

FEI Number: 65-1052185 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CARRION, HAYDENISE
18040 SW 152 AVE
MIAMI, FL 33187 US

Name and Address of New Registered Agent:

CARRION, HAYDENISE
2200 E. IRLO BRONSON HWY.
SUITE 105
KISSIMMEE, FL 34744 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: _____ 01/27/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: CARRION, HAYDENISE
Address: 18040 SW 152 AVE
City-St-Zip: MIAMI, FL 33187

Title: V ( ) Delete
Name: NEGRIN, JOSE A
Address: 18040 SW 152 AVENUE
City-St-Zip: MIAMI, FL 33187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: CARRION, HAYDENISE
Address: 2200 E. IRLO BRONSON HWY., SUITE 105
City-St-Zip: KISSIMMEE, FL 34744

Title: V (X) Change ( ) Addition
Name: NEGRIN, JOSE A
Address: 2200 E. IRLO BRONSON HWY., SUITE 105
City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HAYDENISE CARRION PSD 01/27/2005
Electronic Signature of Signing Officer or Director — Date