2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000102770

Entity Name: GENTLE CARE REHABILITATION SERVICES, INC.

FILED Apr 29, 2008 Secretary of State

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

15841 SW 151 TR 2670 LOOKOUT LN MIAMI, FL 33196 KISSIMMEE, FL 34746

Current Mailing Address: New Mailing Address:

PO BOX 450927 2670 LOOKOUT LN KISSIMMEE, FL 34745 KISSIMMEE, FL 34746

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

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

CARRION, HAYDENISE RPT
15841 SW 151 TR
MIAMI, FL 33196 US

CARRION, HAYDENISE RPT
2670 LOOKOUT LN
KISSIMMEE, FL 34746 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: 04/29/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 PSD () Delete

 Name:
 CARRION, HAYDENISE

 Address:
 15841 SW 151 TR

Address: 15841 SW 151 TR City-St-Zip: MIAMI, FL 33196

 Title:
 V
 () Delete

 Name:
 NEGRIN, JOSE A

 Address:
 15841 SW 151 TR

 City-St-Zip:
 MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition Name: CARRION, HAYDENISE Address: 2670 LOOKOUT LN

Address: 2670 LOOKOUT LN City-St-Zip: KISSIMMEE, FL 34746

Title: V (X) Change () Addition

Name: NEGRIN, JOSE A
Address: 2670 LOOKOUT LN
City-St-Zip: KISSIMMEE, FL 34746

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: HAYDENISE CARRION PSD 04/29/2008