

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000111705

FILED
Jan 24, 2007
Secretary of State

Entity Name: TOWER GROUP REHAB CENTER, INC.

Current Principal Place of Business:

11880 SW 40 STE,
SUITE#118
MIAMI, FL 33175

New Principal Place of Business:

11880 SW 40 STE,
SUITE#418
MIAMI, FL 33175

Current Mailing Address:

11880 SW 40 STE,
SUITE # 118
MIAMI, FL 33175

New Mailing Address:

11880 SW 40 STE,
SUITE # 418
MIAMI, FL 33175

FEI Number: 65-1059854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JORGE, MARCIA
11880 SW 40 STE,
SUITE # 118
MIAMI, FL 33175 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JORGE, MARCIA
Address: 11880 SW 40 STE, STE 118
City-St-Zip: MIAMI, FL 33174

Title: V () Delete
Name: JORGE, RICARDO
Address: 11880 SW 40 STE, STE 118
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MARCIA JORGE

D

01/24/2007

Electronic Signature of Signing Officer or Director

_____ Date