

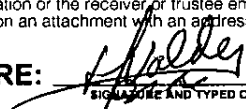


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000114486			
1. Entity Name P.A. REHABILITATION CENTER, INC			
Principal Place of Business 900 W 49TH ST, SUITE 422 HIALEAH, FL 33012		Mailing Address 900 W 49TH ST, SUITE 422 HIALEAH, FL 33012	
DO NOT WRITE IN THIS SPACE			
		03312008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-1063890	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
VALDEZ, MODESTO V 900 WEST 49 STREET SUITE 422 HIALEAH, FL 33012		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000877876 04/14/08-80031-018 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALDEZ, MODESTO V 760 EAST 41 STREET HIALEAH, FL 33012	DO NOT WRITE IN THIS SPACE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  MODESTO V VALDES		3/30/08 3058271116	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	