

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000031670

Entity Name: BEST AMERICAN REHAB.CENTER, INC.

FILED
Jan 10, 2007
Secretary of State

Current Principal Place of Business:

551 WEST 51ST PLACE
SUITE 205
HIALEAH, FL 33012

New Principal Place of Business:

637 E 49 ST
HIALEAH, FL 33013

Current Mailing Address:

551 WEST 51ST PLACE
SUITE 205
HIALEAH, FL 33012

New Mailing Address:

637 E 49 ST
HIALEAH, FL 33013

FEI Number: 65-1085798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACALLAO, FERNANDO A
9726 N.W. 127TH TERRACE
HIALEAH GARDENS, FL 33018 US

Name and Address of New Registered Agent:

BACALLAO, FERNANDO A
14920 NW 89 AVE
MIAMI LAKES, FL 33018 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:

01/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: BACALLAO, FERNANDO A
Address: 9726 NW 127TH TERRACE
City-St-Zip: HIALEAH GARDEN, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: BACALLAO, FERNANDO A
Address: 14920 NW 89 AVE
City-St-Zip: MIAMI LAKES, FL 33018

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: FERNANDO BACALLAO

PD

01/10/2007

Electronic Signature of Signing Officer or Director

Date