

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000032422

FILED  
Mar 30, 2007  
Secretary of State

Entity Name: CHARRIS REHAB, INC.

## Current Principal Place of Business:

4005 N.W. 114TH AVENUE  
SUITE 20  
MIAMI, FL 33178 US

## New Principal Place of Business:

## Current Mailing Address:

4005 N.W. 114TH AVENUE  
SUITE 20  
MIAMI, FL 33178 US

## New Mailing Address:

FEI Number: 65-1087004

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHARRIS, JOSE RPT  
4005 N.W. 114TH AVENUE  
SUITE 20  
MIAMI, FL 33178 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: PD ( ) Delete  
Name: CHARRIS, JOSE RPT  
Address: 18580 SW 52ND STREET  
City-St-Zip: MIRAMAR, FL 33029

Title: VPD ( ) Delete  
Name: BOTERO, DOLLY RPT  
Address: 18580 SW 52ND STREET  
City-St-Zip: MIRAMAR, FL 33029

## 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: JOSE CHARRIS

PD

03/30/2007

Electronic Signature of Signing Officer or Director

Date