

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000064403

Entity Name: AALLIANCE REHAB, INC.

FILED
Feb 21, 2007
Secretary of State

Current Principal Place of Business:

654 16TH ST
VERO BCH, FL 32960

New Principal Place of Business:

Current Mailing Address:

654 16THST
VERO BCH, FL 32960

New Mailing Address:

FEI Number: 07-1683048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARQUIMEDES, LOPES
654 16TH STREET
VERO BCH, FL 32960 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: PT () Delete
Name: ARQUIMEDES, LOPES
Address: 654 16TH ST
City-St-Zip: VERO BCH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ARQUIMEDES, LOPES
Address: 654 16TH ST
City-St-Zip: VERO BCH, FL 32960

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: ARQUIMEDES LOPES

P

02/21/2007

Electronic Signature of Signing Officer or Director

Date