

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115084

FILED
Jan 30, 2007
Secretary of State

Entity Name: UNLIMITED REHAB NETWORK, INC.

Current Principal Place of Business:

11200 W. FLAGLER STREET
SUITE 209
MIAMI, FL 33174

New Principal Place of Business:

Current Mailing Address:

11200 W. FLAGLER STREET
SUITE 209
MIAMI, FL 33174

New Mailing Address:

FEI Number: 65-1158918 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALVINO, BARBARA
11200 W. FLAGLER STREET
SUITE 209
MIAMI, FL 33174 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: PVST () Delete
Name: CALVINO, BARBARA
Address: 11200 W. FLAGLER STREET, #209
City-St-Zip: MIAMI, FL 33174

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: CALVINO, BARBARA
Address: 11200 W. FLAGLER STREET, #209
City-St-Zip: MIAMI, FL 33174

Title: D () Change (X) Addition
Name: LOPEZ, ADRIANA
Address: 11200 W. FLAGLER STREET, #209
City-St-Zip: MIAMI, FL 33174

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: BARBARA CALVINO

PVST

01/30/2007

Electronic Signature of Signing Officer or Director

Date