

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115084

Entity Name: UNLIMITED REHAB NETWORK, INC.

FILED  
Jan 23, 2008  
Secretary of State

## Current Principal Place of Business:

11200 W. FLAGLER STREET  
SUITE 209  
MIAMI, FL 33174

## Current Mailing Address:

11200 W. FLAGLER STREET  
SUITE 209  
MIAMI, FL 33174

## New Principal Place of Business:

7791 NW 46 STREET  
SUITE 210  
MIAMI, FL 33166

## New Mailing Address:

7791 NW 46 STREET  
SUITE 210  
MIAMI, FL 33166

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:

CALVINO, BARBARA  
7791 NW 46 STREET  
SUITE 210  
MIAMI, FL 33166 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: BARBARA CALVINO

01/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVPS (X) Change ( ) Addition  
Name: CALVINO, BARBARA  
Address: 7791 NW 46 STREET, SUITE 210  
City-St-Zip: MIAMI, FL 33166

Title: TD (X) Change ( ) Addition  
Name: CALVINO, BARBARA  
Address: 7791 NW 46 STREET, SUITE 210  
City-St-Zip: MIAMI, FL 33166

Title: D (X) Change ( ) Addition  
Name: LOPEZ, ADRIANA  
Address: 7791 NW 46 STREET, SUITE 210  
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify 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

P

01/23/2008

Electronic Signature of Signing Officer or Director

Date