## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000118005

Entity Name: PRECISION REHAB ENTERPRISES, INC.

FILED Jan 19, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9390 LISTOW TERRACE 9390 LISTOW TERRACE BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33472

Current Mailing Address: New Mailing Address:

9390 LISTOW TERRACE 9390 LISTOW TERRACE BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33472

FEI Number: 01-0561307 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOMIGUEZ, ANTONIO
9390 LISTOW TERRACE
BOYNTON BEACH, FL 33437 US

DOMINGUEZ, ANTONIO
9390 LISTOW TERRACE
BOYNTON BEACH, FL 33472 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: ANTONIO DOMINGUEZ 01/19/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

 Title:
 D
 ( ) Delete

 Name:
 DOMIGUEZ, ANTONIO

 Address:
 9390 LISTOW TERRACE

 City-St-Zip:
 BOYNTON BEACH, FL 33437

 Title:
 VP
 ( ) Delete

 Name:
 SCHULMAN, SOLOMAN

 Address:
 9390 LISTOW TERRACE

 City-St-Zip:
 BOYNTON BEACH, FL 33437

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DOMINGUEZ, ANTONIO
Address: 9390 LISTOW TERRACE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: VP (X) Change ( ) Addition

 Name:
 SCHULMAN, SOLOMAN

 Address:
 2037 NW 139TH AVENUE

 City-St-Zip:
 PEMBROKE PINES, FL 33428

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: ANTONIO DOMINGUEZ D 01/19/2008