

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000120618

FILED
Aug 14, 2007
Secretary of State**Entity Name:** HEALTHMED REHAB CENTERS OF AMERICA, INC.**Current Principal Place of Business:**4486 N UNIVERSITY DR
LAUDERHILL, FL 33351**New Principal Place of Business:**4486 N UNIVERSITY DR
LAUDERHILL, FL 33351 US**Current Mailing Address:**4486 N UNIVERSITY DR
LAUDERHILL, FL 33351**New Mailing Address:**9 NE 20TH AVE SUITE 301
DEERFIELD BEACH, FL 33441 US**FEI Number:** 01-0569629**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**LEAH, RODAS
4486 NORTH UNIVERSITY DRIVE
LAUDERHILL, FL 33351 US**Name and Address of New Registered Agent:**LEAH, RODAS
9 NE 20TH AVE SUITE 301
DEERFIELD BEACH, FL 33441 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: LEAH RODAS

08/14/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BERG, KENNETH
Address: 4486 N. UNIVERSITY DRIVE
City-St-Zip: LAUDERHILL, FL 33351

Title: D () Delete
Name: LEAH, RODAS
Address: 4486 N UNIVERSITY DR
City-St-Zip: LAUDERHILL, FL 33351

Title: D () Delete
Name: WALKER, ROBIN
Address: 4486 N UNIVERSITY DR
City-St-Zip: LAUDERHILL, FL 33351

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RODAS, LUIS G
Address: 9 NE 20TH AVE SUITE 301
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: VP (X) Change () Addition
Name: RODAS, VICTORIA
Address: 9 NE 20TH AVE SUITE 301
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: S (X) Change () Addition
Name: RODAS-JR, LUIS G
Address: 9 NE 20TH AVE SUITE 301
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: T () Change (X) Addition
Name: RODAS, LEAH
Address: 9 NE 20TH AVE SUITE 301
City-St-Zip: DEERFIELD BEACH, FL 33441 US

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: LEAH RODAS

T

08/14/2007

Electronic Signature of Signing Officer or Director

Date