# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 30, 2008**
**Secretary of State**

DOCUMENT# P01000120618

**Entity Name:** HEALTHMED REHAB CENTERS OF AMERICA, INC.

**Current Principal Place of Business:**

4486 N UNIVERSITY DR
LAUDERHILL, FL 33351 US

**New Principal Place of Business:**

**Current Mailing Address:**

9 NE 20TH AVE SUITE 301
DEERFIELD BEACH, FL 33441 US

**New Mailing Address:**

4486 N UNIVERSITY DR
LAUDERHILL, FL 33351 US

**FEI Number: 01-0569629** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LEAH, RODAS
9 NE 20TH AVE SUITE 301
DEERFIELD BEACH, FL 33441 US

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

LEAH, RODAS
4486 N UNIVERSITY DR
LAUDERHILL, FL 33351 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 03/30/2008
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: BERG, KENNETH
Address: 4486 N UNIVERSITY DR
City-St-Zip: LAUDERHILL, FL 33351 US

Title: VP (X) Change ( ) Addition
Name: RODAS, LEAH
Address: 4486 N UNIVERSITY DR
City-St-Zip: LAUDERHILL, FL 33351 US

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

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

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 VP 03/30/2008
Electronic Signature of Signing Officer or Director Date