2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000044863

Entity Name: BROWARD MANUAL REHAB, INC.

FILED Feb 15, 2008 Secretary of State

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

4959 N STATE RD 7 STE. D TAMARAC, FL 33319

Current Mailing Address: New Mailing Address:

665 SE 10TH ST

DEERFIELD BEACH, FL 33441

FEI Number: 32-0011427 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:

DICVESCENZO, ANGELA
665 SE 10TH STREET
201

DICRESCENZO, ANGELA
665 SE 10TH STREET
201

DEERFIELD BEACH, FL 33441 US 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: AD 02/15/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: () Change () Addition Name: COSMIOS, DIMITRI Name:

 Name:
 COSMIOS, DIMITRI
 Name:

 Address:
 7881 CATALINA CIRCLE
 Address:

 City-St-Zip:
 TAMARAC, FL 33321
 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: DC PRE 02/15/2008