2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000080701

Entity Name: X-TREME REHAB INC.

FILED Apr 12, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principa	al Place of Business:	New Principal Place of Business:

11890 SW 8TH ST. 2423 SW 147TH AVE

STE. 400 STE 137

MIAMI, FL 33184 MIAMI, FL 33185

Current Mailing Address: New Mailing Address:

11890 SW 8TH ST. 2423 SW 147TH AVE

STE. 400 STE 137

MIAMI, FL 33184 MIAMI, FL 33185

FEI Number: 22-3872167 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:

ARIAS-PEREZ, MARIA CAPITAL ACCOUNTS, INC. 11890 SW 8TH STREET, SUITE 400 6355 NW 36TH STREET

MIAMI, FL 33184 US STE 402 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: ADELFO ROQUE 04/12/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PSD (X) Change () Addition

Name: ARIAS-PEREZ, MARIA Name: ARIAS-PEREZ, MARIA

 Address:
 11890 SW 8TH STREET, SUITE 400
 Address:
 3621 SW 132ND AVE

 City-St-Zip:
 MIAMI, FL 33184
 City-St-Zip:
 MIAMI, FL 33175

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

 Name:
 PEREZ, ANGEL
 Name:
 PEREZ, ANGEL

 Address:
 11890 SW 8TH STREET, SUITE 400
 Address:
 3621 SW 132ND AVE

 City-St-Zip:
 MIAMI, FL 33184
 City-St-Zip:
 MIAMI, FL 33175

Title: D () Delete Title: () Change () Addition

 Name:
 MARTINEZ, OSCAR A
 Name:

 Address:
 15243 SW 29TH TERRACE
 Address:

 City-St-Zip:
 MIAMI, FL 33185
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA E ARIAS-PEREZ P 04/12/2006