

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000095821

FILED
Mar 27, 2006
Secretary of State

Entity Name: RIGHT CARE REHAB. CENTER, INC.

Current Principal Place of Business:

13499 BISCAYNE BOULEVARD
STE. 106
MIAMI, FL 33181 US

Current Mailing Address:

13499 BISCAYNE BOULEVARD
STE. 106
MIAMI, FL 33181 US

New Principal Place of Business:

13499 BISCAYNE BOULEVARD
STE. 203
MIAMI, FL 33181 US

New Mailing Address:

13499 BISCAYNE BOULEVARD
STE. 203
MIAMI, FL 33181 US

FEI Number: 73-1657241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACLI, ANTONIO
13499 BISCAYNE BLVD.
STE. 106
NORTH MIAMI, FL 33181 US

Name and Address of New Registered Agent:

MACLI, ANTONIO
13499 BISCAYNE BLVD.
STE. 201
NORTH MIAMI, FL 33181 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 A MACLI

03/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: MACLI, ANTONIO
Address: 13499 BISCAYNE BLVD., SUITE 106
City-St-Zip: NORTH MIAMI, FL 33181 US

Title: D () Delete
Name: MACLI, ANTONIO
Address: 13499 BISCAYNE BLVD., SUITE 106
City-St-Zip: NORTH MIAMI, FL 33181 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: MACLI, ANTONIO
Address: 13499 BISCAYNE BLVD., SUITE 201
City-St-Zip: NORTH MIAMI, FL 33181 US

Title: D (X) Change () Addition
Name: MACLI, ANTONIO
Address: 13499 BISCAYNE BLVD., SUITE 201
City-St-Zip: NORTH MIAMI, FL 33181 US

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: ANTONIO A MACLI

PRES

03/27/2006

Electronic Signature of Signing Officer or Director

Date