# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Oct 18, 2007**
**Secretary of State**

DOCUMENT# P02000095821

**Entity Name:** RIGHT CARE REHAB. CENTER, INC.

**Current Principal Place of Business:**

13499 BISCAYNE BOULEVARD
STE. 201
MIAMI, FL 33181 US

**New Principal Place of Business:**

13499 BISCAYNE BOULEVARD
STE. 203
MIAMI, FL 33181 US

**Current Mailing Address:**

13499 BISCAYNE BOULEVARD
STE. 201
MIAMI, FL 33181 US

**New Mailing Address:**

**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. 201
NORTH MIAMI, FL 33181 US

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

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

Title: VP (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 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 MACLI VP 10/18/2007

Electronic Signature of Signing Officer or Director — Date