

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110861

FILED
Apr 24, 2007
Secretary of State

Entity Name: REHABILITATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

2590 SW 107TH AVENUE
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

2590 SW 107TH AVENUE
MIAMI, FL 33165

New Mailing Address:

FEI Number: 32-0036323 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMAN, HENRY J ESQ.
1901 S ANDREWS AVENUE
FT. LAUDERDALE, FL 33316 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOPEZ, WILLIAM
Address: 3041 SW 92 CT
City-St-Zip: MIAMI, FL 33165

Title: V () Delete
Name: SENTI, MOISES E
Address: 4603 SW 185TH AVENUE
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOPEZ, WILLIAM
Address: 16761 SW 282 ST
City-St-Zip: HOMESTEAD, FL 33030

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: MOISES E SENTI

V

04/24/2007

Electronic Signature of Signing Officer or Director

Date