## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000111477

Entity Name: FIRST HEALTH REHABILITATION, INC.

FILED Jan 23, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

120 EAST OAKLAND PARK BLVD. 4651 SHERIDAN STREET SUITE 201 SUITE 355

FORT LAUDERDALE, FL 33334 HOLLYWOOD, FL 33021

Current Mailing Address: New Mailing Address:

120 EAST OAKLAND PARK BLVD.

SUITE 201

FORT LAUDERDALE, FL 33334

4651 SHERIDAN STREET
SUITE 355
HOLLYWOOD, FL 33021

FEI Number: 54-2086267 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:

RUDOLF & HOFFMAN, P.A. 615 NE THIRD AVE. FT. LAUDERDALE, FL 33304 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:

Election Campaign Financing Trust Fund Contribution ( ).

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: D,P ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 FINE, JAMIE A
 Name:
 FINE, JAMIE A

 Address:
 3477 DEL MAR AVENUE
 Address:
 3477 DEL MAR AVENUE

 City-St-Zip:
 DAVIE, FL 33328
 City-St-Zip:
 DAVIE, FL 33328

Title: D,VP ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 SUSSMAN, TODD J
 Name:
 SUSSMAN, TODD J

 Address:
 1104 SATINLEAF ST.
 Address:
 1104 SATINLEAF ST.

 City-St-Zip:
 HOLLYWOOD, FL 33019
 City-St-Zip:
 HOLLYWOOD, FL 33019

Title: S,T ( ) Delete Title: D (X) Change ( ) Addition

Name: FINE, TODD Name: FINE, TODD

 Address:
 10495 CANTERBURY CT
 Address:
 10495 CANTERBURY CT

 City-St-Zip:
 DAVIE, FL 33328
 City-St-Zip:
 DAVIE, FL 33328

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: TODD FINE D 01/23/2008