

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000115998

FILED
Jan 19, 2007
Secretary of State

Entity Name: REMEDIOS REHABILITATION CENTER, CORP.

Current Principal Place of Business:

8500 NW 8 ST
308
MIAMI, FL 33126

New Principal Place of Business:

11300 NW 87 CT
167
HIALEAH GARDENS, FL 33016

Current Mailing Address:

8500 NW 8 ST
308
MIAMI, FL 33126

New Mailing Address:

FEI Number: 14-1853098 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALOMINO, YOSVANY
8500 NW 8 ST
308
MIAMI, FL 33126 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: DPST () Delete
Name: PALOMINO, YOSVANY
Address: 8500 NW 8 ST # 308
City-St-Zip: MIAMI, FL 33126

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: SUAREZ, YAIMA
Address: 8500 NW 8 ST # 308
City-St-Zip: MIAMI, FL 33126

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: YOSVANY PALOMINO

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01/19/2007

Electronic Signature of Signing Officer or Director

Date