2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000013451

Entity Name: REHAB WELLNESS & FITNESS SERVICES P.A.

FILED Jan 16, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2780 NE 183 ST #1408 2780 NE 183 ST AVENTURA, FL 33160 1408

AVENTURA, FL 33160

Current Mailing Address: New Mailing Address:

2780 NE 183 ST #1408 2780 NE 183 ST

AVENTURA, FL 33160 1408

AVENTURA, FL 33160

FEI Number: 71-0934710 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:

LUIS MONTES MONTES, LUIS 2780 NE 183 ST # 1408 2780 NE 183 ST

AVENTURA, FL 33160 US 1408 AVENTURA, FL 33160 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: LUIS MONTES 01/16/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: DR. (X) Change () Addition

 Name:
 MONTES, LUIS A
 Name:
 MONTES, LUIS A

 Address:
 2780 NE 183 ST #1408
 Address:
 2780 NE 183 ST #1408

 City-St-Zip:
 AVENTURA, FL 33160
 City-St-Zip:
 AVENTURA, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LUIS MONTES DR. 01/16/2005