

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000019370

FILED
Jul 17, 2008
Secretary of State

Entity Name: TRINITY REHABILITATION AND CARE, INC.

Current Principal Place of Business:

672 N. SAMORAN BLVD., STE 204
ORLANDO, FL 32807

New Principal Place of Business:

483 N. SAMORAN BLVD., STE 208
WINTER PARK, FL 32792

Current Mailing Address:

672 N. SAMORAN BLVD., STE 204
ORLANDO, FL 32807

New Mailing Address:

483 N. SAMORAN BLVD., STE 208
WINTER PARK, FL 32792

FEI Number: 56-2319397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, THAIS
672 N. SEMORAN BLVD., STE. #204
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

GARCIA, THAIS
483 N. SEMORAN BLVD., STE. #208
WINTER PARK, FL 32792 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: _____

Electronic Signature of Registered Agent

07/17/2008

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GARCIA, THAIS
Address: 672 N. SEMORAN BLVD., STE. #204
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GARCIA, THAIS
Address: 483 N. SEMORAN BLVD., STE. #208
City-St-Zip: WINTER PARK, FL 32792

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: THAIS GARCIA

D

07/17/2008

Electronic Signature of Signing Officer or Director

Date