

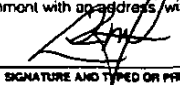


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

9/14/2005-90002-013-\$150.00-\$150.00

DOCUMENT # P03000033069			FILED 05 OCT 17 AM 10:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name THE BETTER THERAPY & REHABILITATION CENTER, CORP				
Principal Place of Business 8242 NW 103 ST HIALEAH GARDENS, FL 33016		Mailing Address 8242 NW 103 ST HIALEAH GARDENS, FL 33016		
DO NOT WRITE IN THIS SPACE				
		 08302005 No Chg-P CR2E034 (10/03)		
		4. FEI Number 51-0454527	Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				
RODRIGUEZ, LEONARDO A . 8242 NW. 103 ST HIALEAH GARDENS, FL 33016		DO NOT WRITE IN THIS SPACE		
8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE</small>				
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				
TITLE	PD			
NAME	RODRIGUEZ, LEONARDO A			
STREET ADDRESS	8242 NW 103 ST			
CITY-ST-ZIP	HIALEAH GARDENS, FL 33016			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
DO NOT WRITE IN THIS SPACE				
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: 		10/5/05 Date	786 6215460 Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				