2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P03000039511

Entity Name: D & Y REHABILITATION CARE, INC.

Current Principal Place of Business:

4922 SW 173RD AVE
MIRAMAR, FL 33029

New Principal Place of Business:

1840 W 49 ST
SUITE 603-03
HIALEAH, FL 33012

Current Mailing Address:

4922 SW 173RD AVE
MIRAMAR, FL 33029

New Mailing Address:

1840 W 49 ST
SUITE 603-03
HIALEAH, FL 33012

FEI Number: 87-0692024 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIVARES, YERMAYN A
4922 SW 173RD AVE
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

OLIVARES, YERMAYN A
1840 W 49 ST
603-03
HIALEAH, FL 33012 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: YERMAYN OLIVARES 05/01/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: OLIVARES, YERMAYN A
Address: 4922 SW 173RD AVE
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: OLIVARES, YERMAYN A
Address: 1840 W 49 ST SUITE # 603-03
City-St-Zip: HIALEAH, FL 33012

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: YERMAYN OLIVARES PD 05/01/2009
Electronic Signature of Signing Officer or Director Date