

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000095955

FILED
Jan 11, 2008
Secretary of State

Entity Name: ADVANCE MEDICAL ASSOCIATES AND FORME REHAB, INC.

Current Principal Place of Business:

7000 W. OAKLAND PARK BLVD.
SUITE 202
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

7000 W. OAKLAND PARK BLVD.
SUITE 202
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 54-2125753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX RECOVERY SERVICES
429 E. SHERIDAN ST
DANIA BEACH, FL 33004 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: VP () Delete
Name: VARISCO, LINDA
Address: 7000 W. OAKLAND PARK BLVD SUITE 202
City-St-Zip: SUNRISE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: VARISCO, LINDA
Address: 7000 W. OAKLAND PARK BLVD SUITE 202
City-St-Zip: SUNRISE, FL 33313

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: LINDA VARISCO

PRES

01/11/2008

Electronic Signature of Signing Officer or Director

Date