

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108437

FILED
Mar 06, 2006
Secretary of State

Entity Name: AMEDICARE REHAB CENTER, INC.

Current Principal Place of Business:

11117 W OKEECHOBEE RD.
SUITE 104
HIALEAH GARDENS, FL 33018

New Principal Place of Business:

11117 W OKEECHOBEE RD.
SUITE 209
HIALEAH GARDENS, FL 33018

Current Mailing Address:

11117 W OKEECHOBEE RD.
SUITE 104
HIALEAH GARDENS, FL 33018

New Mailing Address:

11117 W OKEECHOBEE RD.
SUITE 209
HIALEAH GARDENS, FL 33018

FEI Number: 56-2428779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HADFEG, LILIANA
5891 W. 9TH LANE
HIALEAH, FL 33012 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: PD () Delete
Name: HADFEG, LILIANA
Address: 5891 W. 9TH LANE
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LILIANA M HADFEG

PRES

03/06/2006

Electronic Signature of Signing Officer or Director

Date