2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P03000122778

Entity Name: THE CARE CENTER FOR REHAB AND THERAPY, INC.

Current Principal Place of Business:

3190 SOUTH STATE ROAD 7
STORE 13
MIRAMAR, FL 33023 US

New Principal Place of Business:

Current Mailing Address:

3190 SOUTH STATE ROAD 7
STORE 13
MIRAMAR, FL 33023 US

New Mailing Address:

FEI Number: 56-2402308 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIAZ, LUIS A
4220 NORTHWEST 196 STREET
MIAMI, FL 33055 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: DP ( ) Delete
Name: DIAZ, LUIS A
Address: 4220 N W 196TH ST
City-St-Zip: MIAMI, FL 33055

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 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: LUIS A. DIAZ PD 04/30/2007

Electronic Signature of Signing Officer or Director Date