

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000130678

FILED
May 02, 2006
Secretary of State**Entity Name:** GM REHABILITATION CENTER, INC.**Current Principal Place of Business:**85 GRAND CANAL DRIVE
SUITE 402
MIAMI, FL 33144**New Principal Place of Business:****Current Mailing Address:**85 GRAND CANAL DRIVE
SUITE 402
MIAMI, FL 33144**New Mailing Address:****FEI Number:** 90-0225035**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MONZON, IOSVANI
85 GRAND CANAL DRIVE
SUITE 402
MIAMI, FL 33144 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

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: MONZON, IOSVANI
Address: 85 GRAND CANAL DRIVE SUITE 402
City-St-Zip: MIAMI, FL 33144**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP () Change (X) Addition
Name: MONZON, GENOVEVA
Address: 85 GRAND CANAL DRIVE SUITE#402
City-St-Zip: MIAMI, FL 33144

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: IOSVANI MONZON

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05/02/2006

Electronic Signature of Signing Officer or Director

Date