2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# P04000030243

Entity Name: WEST REHAB CARE, INC.

Current Principal Place of Business:

1165 W 49TH ST, STE 201
HIALEAH, FL 33012

New Principal Place of Business:

2200 E IRLO BRONSON MEMORIAL HWY
105
KISSIMMEE, FL 34744 US

Current Mailing Address:

1165 W 49TH ST, STE 201
HIALEAH, FL 33012

New Mailing Address:

2200 E IRLO BRONSON MEMORIAL HWY
105
KISSIMMEE, FL 34744 US

FEI Number: 56-2434729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARRION, HAYDENISE
1165 W 49TH ST, STE 201
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

CARRION, HAYDENISE RPT
2200 E IRLO BRONSON MEMORIAL HWY
105
KISSIMMEE, FL 334744 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: HAYDENISE CARRION 04/26/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CARRION, HAYDENISE
Address: 1165 W 49TH ST, STE 201
City-St-Zip: HIALEAH, FL 33012

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CARRION, HAYDENISE RPT
Address: 2200 E IRLO BRONSON MEM. HWY, 105
City-St-Zip: KISSIMMEE, FL 34744 US

Title: VP ( ) Change (X) Addition
Name: NEGRIN, JOSE A
Address: 2200 E IRLO BRONSON MEM. HWY, 105
City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HAYDENISE CARRION PD 04/26/2005
Electronic Signature of Signing Officer or Director Date