

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000030243

Entity Name: WEST REHAB CARE, INC.

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

15841 SW 151 TR  
MIAMI, FL 33196 US

## Current Mailing Address:

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

## New Mailing Address:

15841 SW 151 TR  
MIAMI, FL 33196 US

FEI Number: 56-2434729

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CARRION, HAYDENISE RPT  
2200 E IRLO BRONSON MEMORIAL HWY  
105  
KISSIMMEE, FL 334744 US

## Name and Address of New Registered Agent:

CARRION, HAYDENISE RPT  
15841 SW 151 TR  
MIAMI, FL 33196 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:

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CARRION, HAYDENISE RPT  
Address: 15841 SW 151 TR  
City-St-Zip: MIAMI, FL 33196 US

Title: VP (X) Change ( ) Addition  
Name: NEGRIN, JOSE A  
Address: 15841 SW 151 TR  
City-St-Zip: MIAMI, FL 33196

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: HAYDENISE CARRION

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date