2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007
Secretary of State

DOCUMENT# P04000041804

Entity Name: TOWN MEDICAL AND REHAB CENTER, INC.

Current Principal Place of Business:

3911 W. WATERS AVE.
SUITE # 12
TAMPA, FL 33614

New Principal Place of Business:

3101 N. HIMES AVE.
SUITE # B
TAMPA, FL 33607

Current Mailing Address:

P.O. BOX 20541
TAMPA, FL 33622

New Mailing Address:

FEI Number: 87-0722273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEON, LETICIA
5411 TREIG LANE
WESLEY CHAPEL, FL 33544 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: D ( ) Delete
Name: LEON, LETICIA
Address: 5411 TREIG LANE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: O ( ) Delete
Name: LEON, ROBERTO
Address: 5411 TREIG LANE
City-St-Zip: WESLEY CHAPEL, FL 33544

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LETICIA LEON D 01/30/2007
Electronic Signature of Signing Officer or Director Date