2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 13, 2008
Secretary of State

DOCUMENT# P04000041804

Entity Name: TOWN MEDICAL AND REHAB CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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, ROBERTO
5411 TREIG LANE
WESLEY CHAPEL, FL 33544 US

Name and Address of New Registered Agent:

LEON, LETICIA
5411 TREIG LANE
WESLEY CHAPEL, FL 33544 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: LETICIA LEON 03/13/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LETICIA LEON D 03/13/2008
Electronic Signature of Signing Officer or Director Date