## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000061811

Entity Name: QUALITY CARE REHAB GROUP INC.

FILED Feb 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2500 SW 107 AVE STE 20 5721 SW 165 CT MIAMI, FL 33165 MIAMI, FL 33193

**Current Mailing Address: New Mailing Address:** 

3044 SW 156 PL 5721 SW 165 CT MIAMI, FL 33185 MIAMI, FL 33193

FEI Number: 54-2149035 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MACHIN, PEDRO T MACHIN, PEDRO T SR 2500 SW 107 AVE STE 20 3044 SW 156 PL MIAMI, FL 33165 MIAMI, FL 33185 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: PEDRO T. MACHIN, SR 02/27/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition PSTD ( ) Delete Title: MACHIN, PEDRO T JR MACHIN, PEDRO T SR Name: Name: Address:

5721 SW 165 CT Address: 3044 SW 156 PL City-St-Zip: MIAMI, FL 33193 City-St-Zip: MIAMI, FL 33185

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: PEDRO T. MACHIN, SR **PSTD** 02/27/2009