

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000071486

FILED
May 11, 2007
Secretary of State

Entity Name: PACIFIC MEDICAL & REHABILITATION CENTER INC.

Current Principal Place of Business:

6017 SW 8 STREET
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

6017 SW 8 STREET
MIAMI, FL 33144

New Mailing Address:

FEI Number: 20-1070986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVA, BARBARA O
330 SW 27 AVE
STE 605
MIAMI, FL 33125 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: P () Delete
Name: OLIVA, BARBARA O
Address: 330 SW 27 AVE STE 423
City-St-Zip: MIAMI, FL 33125

Title: VP () Delete
Name: OLIVA, BARBARA O
Address: 330 SW 27 AVE STE 423
City-St-Zip: MIAMI, FL 33125

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 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: BARBARA OLIVA

P

05/11/2007

Electronic Signature of Signing Officer or Director

Date