

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000071486

FILED
Apr 29, 2009
Secretary of State

Entity Name: PACIFIC MEDICAL & REHABILITATION CENTER INC.

Current Principal Place of Business:

8328 SW 40 TH ST
MIAMI, FL 33155 0

New Principal Place of Business:

Current Mailing Address:

8301 SW 99 CT
MIAMI, FL 33173

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
8328 SW 40 TH ST
MIAMI, FL 33155 0

Name and Address of New Registered Agent:

OLIVA, BARBARA O
8328 SW 40 TH ST
MIAMI, FL 33155 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: BARBARA OLIVA

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLIVA, BARBARA O
Address: PO.BOX 441563
City-St-Zip: MIAMI, FL 33144

Title: VP () Delete
Name: OLIVA, BARBARA O
Address: PO.BOX 441563
City-St-Zip: MIAMI, FL 33144

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

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date