2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000097713

Entity Name: GIVEN REHABILITATION CENTER, INC.

FILED Mar 20, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:				
4645 GUN SUITE 13	ICLUB ROAD						
	LM BEACH, F	L 33415					
Current Mailing Address:			New Mailing Address:				
	ICLUB ROAD						
SUITE 13 WEST PA	LM BEACH, F	L 33415					
FEI Number: 55-0873883 FEI Number Applied For ()		FEI Number Not App	icable () Ce	Certificate of Status Desired ()			
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
4645 GUN SUITE 13	RE, JEAN B ICLUB ROAD LM BEACH, F	L 33411 US					
	e named entity e of Florida.	submits this statement for the	e purpose of changing i	ts registered office	e or registered agen	t, or both,	
SIGNATUI	RE:						
	Electro	nic Signature of Registered A	gent		Date	_	
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DEVOLIERE, 4645 GUNCLU) Delete EAN B B ROAD, UNIT 13 EACH, FL 33415	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DIR () Chi JOLICOEUR, GUILI 4645 GUNCLUB RO WEST PALM BEAC	DAD. UNIT 13		

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: GUILIN JOLICOEUR PS 03/20/2008