

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000108494

FILED
Sep 08, 2006
Secretary of State**Entity Name:** THE FLORIDA REHABILITATION, INC**Current Principal Place of Business:**1850 SW 8 ST
STE. 312
MIAMI, FL 33135**New Principal Place of Business:****Current Mailing Address:**1850 SW 8 ST
STE. 312
MIAMI, FL 33135**New Mailing Address:****FEI Number:** 20-1428902**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GONZALEZ, LUIS
1850 SW 8 ST
STE 312
MIAMI, FL 33135 US**Name and Address of New Registered Agent:**BARRIOS, HECTOR
1850 SW 8 ST
STE 312
MIAMI, FL 33135 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: HECTOR BARRIOS

09/08/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: GONZALEZ, LUIS
Address: 1850 SW 8 ST STE 312
City-St-Zip: MIAMI, FL 33135**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: BARRIOS, HECTOR
Address: 1850 SW 8 ST STE 312
City-St-Zip: MIAMI, FL 33135

I hereby certify that the information supplied with this filing does not qualify for the 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: HECTOR BARRIOS

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09/08/2006

Electronic Signature of Signing Officer or Director

Date