

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000109003

**FILED**  
**May 03, 2007**  
**Secretary of State****Entity Name:** REBORN REHABILITATION CENTER, INC.**Current Principal Place of Business:**801 NW 37 AVE  
SUITE201  
MIAMI, FL 33125**New Principal Place of Business:****Current Mailing Address:**801 NW 37 AVE  
SUITE 201  
MIAMI, FL 33125**New Mailing Address:****FEI Number:** 81-0652867**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**VALDES, MICHEL  
801 NW 37 AVE  
SUITE 201  
MIAMI, FL 33125 US**Name and Address of New Registered Agent:**SILVA, IVAN  
801 NW 37 AVE  
SUITE 201  
MIAMI, FL 33125 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: IVAN SILVA

05/03/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** VALDES, MICHEL  
**Address:** 801 NW 37 AVE  
**City-St-Zip:** MIAMI, FL 33125**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PS (X) Change ( ) Addition  
**Name:** SILVA, IVAN  
**Address:** 801 NW 37 AVE  
**City-St-Zip:** MIAMI, FL 33125

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: IVAN SILVA

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05/03/2007

Electronic Signature of Signing Officer or Director

Date