

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000125919

FILED
Apr 27, 2005
Secretary of State

Entity Name: BETTER CARE MEDICAL REHAB INC.

Current Principal Place of Business:

2260 SW 8TH STREET SUITE #300
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

2260 SW 8TH STREET SUITE #300
MIAMI, FL 33130

New Mailing Address:

FEI Number: 81-0655162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERRERA, ARMANDO
10185 COLLINS AVENUE
MIAMI BEACH, FL 33154 US

Name and Address of New Registered Agent:

HERRERA, ARMANDO
25 EAST 53RD TERRACE
HIALEAH, FL 33013 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:

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HERRERA, ARMANDO
Address: 10185 COLLINS AVENUE APT #310
City-St-Zip: MIAMI BEACH, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HERRERA, ARMANDO
Address: 25 EAST 53RD TERRACE
City-St-Zip: HIALEAH, FL 33013

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ARMANDO HERRERA

D

04/27/2005

Electronic Signature of Signing Officer or Director

Date