

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000125919

FILED
Apr 30, 2009
Secretary of State

Entity Name: BETTER CARE MEDICAL REHAB INC.

Current Principal Place of Business:

434 SW 12 AVE.
203
MIAMI, FL 33135

New Principal Place of Business:

434 SW 12 AVE.
203
MIAMI, FL 33130

Current Mailing Address:

434 SW 12 AVE
203
MIAMI, FL 33135

New Mailing Address:

434 SW 12 AVE.
203
MIAMI, FL 33130

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
25 EAST 53RD TERRACE
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

HERRERA, ARMANDO
434 SW 12 AVE
203
MIAMI, FL 33130 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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HERRERA, ARMANDO
Address: 434 SW 12 AVE, SUITE 203
City-St-Zip: MIAMI, FL 33130

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: ARMANDO HERRERA

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date