

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000125956

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: FEEL BETTER MEDICAL REHAB, INC.

## Current Principal Place of Business:

8672 BIRD ROAD STE #211  
MIAMI, FL 33155

## New Principal Place of Business:

8672 BIRD ROAD  
211  
MIAMI, FL 33155

## Current Mailing Address:

8672 BIRD ROAD STE #211  
MIAMI, FL 33155

## New Mailing Address:

8672 BIRD ROAD  
211  
MIAMI, FL 33155

FEI Number: 81-0655164

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  
8672 BIRD ROAD  
211  
MIAMI, FL 33155 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: 8672 BIRD ROAD, SUITE 211  
City-St-Zip: MIAMI, FL 33155

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