

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140919

FILED
May 29, 2007
Secretary of State

Entity Name: BUTTERFLY REHABILITATION OF BELLE GLADES, INC.

Current Principal Place of Business:

1504 SW AVE E
P.O.BOX 1866
BELLE GLADES, FL 33430

New Principal Place of Business:

1504 SW AVE E,
BELLE GLADES, FL 33430

Current Mailing Address:

1504 SW AVE E
P.O BOX 1866
BELLE GLADES, FL 33430

New Mailing Address:

FEI Number: 43-2063364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEMCHAND, ANDY
8075 SW 107 AVE
#306
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HEMCHAND, ANDY
Address: 8075 SW 107 AVE #306
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANDY HEMCHAND

PRES

05/29/2007

Electronic Signature of Signing Officer or Director

Date