

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000154845

FILED  
Aug 10, 2007  
Secretary of State

Entity Name: HEALING HANDS REHAB CENTER, INC.

## Current Principal Place of Business:

5590 WEST 20TH AVENUE  
SUITE 401  
HIALEAH, FL 33016

## New Principal Place of Business:

930 HIALEAH DRIVE  
SUITE 15  
HIALEAH, FL 33010

## Current Mailing Address:

5590 WEST 20TH AVENUE  
SUITE 401  
HIALEAH, FL 33016

## New Mailing Address:

930 HIALEAH DRIVE  
SUITE 15  
HIALEAH, FL 33010

FEI Number: 84-1682027

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANGELES DEL CAMPILLO, MARIA DE LOS  
15244 S.W. 140TH STREET  
MIAMI, FL 33196 US

## Name and Address of New Registered Agent:

AREVALO, MARIA  
930 HIALEAH DRIVE  
SUITE 15  
HIALEAH, FL 33010 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: MARIA AREVALO

08/10/2007

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: PD ( ) Delete  
Name: ANGELES DEL CAMPILLO, MARIA DE LOS  
Address: 15244 S.W. 140TH STREET  
City-St-Zip: MIAMI, FL 33196

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ANGELES DEL CAMPILLO, MARIA DE LOS  
Address: 15244 S.W. 140TH STREET  
City-St-Zip: MIAMI, FL 33196

Title: D ( ) Change (X) Addition  
Name: AREVALO, MARIA  
Address: 930 HIALEAH DRIVE SUITE 15  
City-St-Zip: HIALEAH, FL 33010

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: MARIA AREVALO

D

08/10/2007

Electronic Signature of Signing Officer or Director

Date