

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000167335

FILED
Apr 21, 2009
Secretary of State

Entity Name: CONTINENTAL REHAB CENTER, INC.

Current Principal Place of Business:

85 GRAND CANAL DRIVE
SUITE 310
MIAMI, FL 33144

New Principal Place of Business:

85 GRAND CANAL DRIVE
SUITE 310
MIAMI, FL 33144 US

Current Mailing Address:

85 GRAND CANAL DRIVE
SUITE 310
MIAMI, FL 33144

New Mailing Address:

85 GRAND CANAL DRIVE
SUITE 310
MIAMI, FL 33144 US

FEI Number: 75-3176949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
SUITE #200
MIAMI, FL 33145 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SAU, IVONNE
Address: 3011 S.W. 115 AVENUE
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SAU, IVONNE
Address: 3011 S.W. 115 AVENUE
City-St-Zip: MIAMI, FL 33165 US

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: IVONNE SAU

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date