

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000020383

FILED  
Aug 31, 2007  
Secretary of State

Entity Name: NEW CONCEPT REHABILITATION CENTER, INC.

## Current Principal Place of Business:

7191 SW 8TH STREET  
MIAMI, FL 33144

## New Principal Place of Business:

1791 SW 142 AVE  
MIAMI, FL 33175

## Current Mailing Address:

7191 SW 8TH STREET  
MIAMI, FL 33144

## New Mailing Address:

1791 SW 142 AVE  
MIAMI, FL 33175

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PEREZ, CHARLES JR  
7191 SW 8TH STREET  
MIAMI, FL 33144 US

## Name and Address of New Registered Agent:

PEREZ, CHARLES JR  
1791 SW 142 AVE  
MIAMI, FL 33175 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: CHARLES PEREZ JR

08/31/2007

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: P ( ) Delete  
Name: PEREZ, CHARLES JR  
Address: 7191 SW 8TH STREET  
City-St-Zip: MIAMI, FL 33144

Title: V (X) Delete  
Name: SMITH, GUSTAVO A  
Address: 7191 SW 8TH STREET  
City-St-Zip: MIAMI, FL 33144

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MORALES GONZALEZ, MARIANO  
Address: 1791 SW 142 AVE  
City-St-Zip: MIAMI, FL 33175

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: MARIANO MORALES GONZALEZ

P

08/31/2007

Electronic Signature of Signing Officer or Director

Date