

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000020383

FILED
May 30, 2008
Secretary of State**Entity Name:** NEW CONCEPT REHABILITATION CENTER, INC.**Current Principal Place of Business:**6741 SW 24 ST
56
MIAMI, FL 33155**New Principal Place of Business:****Current Mailing Address:**6741 SW 24 ST
56
MIAMI, FL 33155**New Mailing Address:****FEI Number:** 20-2316653**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MORALES, MARIANO
6741 SW 24 ST
56
MIAMI, FL 33155 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**OFFICERS AND DIRECTORS:**

Title: VP () Delete
Name: MORALES GONZALEZ, MARIANO
Address: 6741 SW 24 ST #56
City-St-Zip: MIAMI, FL 33155

Title: P (X) Delete
Name: TORRES, MARIO MD
Address: 6741 SW 24 ST #56
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORALES GONZALEZ, MARIANO
Address: 6741 SW 24 ST #56
City-St-Zip: MIAMI, FL 33155

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

P

05/30/2008

Electronic Signature of Signing Officer or Director_____
Date