2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# P05000023833

Entity Name: BLUE REHAB CENTER CORP

Current Principal Place of Business:

29820 SW 154 AVE
HOMESTEAD, FL 33033

New Principal Place of Business:

7392 NW 35 TERR
206
MIAMI, FL 33122

Current Mailing Address:

29820 SW 154 AVE
HOMESTEAD, FL 33033

New Mailing Address:

P.O. BOX 668257
MIAMI, FL 33166

FEI Number: 75-3182431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODRIGUEZ, EDUARDO
771 NE 4TH PLACE
HIALEAH, FL 33010 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: PSTD ( ) Delete
Name: RODRIGUEZ, EDUARDO
Address: 32 NE 20 AVE
City-St-Zip: CAPE CORAL, FL 33909

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: EDUARDO RODRIGUEZ PRES 01/27/2009

Electronic Signature of Signing Officer or Director — Date