2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000026603

Entity Name: REHABILITATION HEALTH CENTER, INC.

FILED Apr 19, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1800 SW 27 AVE STE 609 3899 NW 7TH STREET MIAMI, FL 33145

208

MIAMI, FL 33126

Current Mailing Address: New Mailing Address:

1800 SW 27 AVE STE 609 3899 NW 7TH STREET MIAMI, FL 33145

208

MIAMI, FL 33126

FEI Number: 20-2420038 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, DAVID LEON JOHNSON, DAVID LEON 1800 SW 27 AVE STE 609 3899 NW 7TH STREET MIAMI, FL 33145 208

MIAMI, FL 33126 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: 04/19/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

JOHNSON, DAVID LEON JOHNSON, DAVID LEON Name: Name: 1800 SW 27 AVE STE 609 Address: 3899 NW 7TH STREET SUITE 208 Address:

City-St-Zip: MIAMI, FL 33145 City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: DAVID LEON JOHNSON PD 04/19/2007