

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000058310

FILED
Feb 21, 2007
Secretary of State

Entity Name: ALL MED REHAB SERVICES, INC.

Current Principal Place of Business:

9040 NW 32ND COURT ROAD
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

9040 NW 32ND COURT ROAD
MIAMI, FL 33147

New Mailing Address:

9040 NW 32ND COURT ROAD
MIAMI, FL 33147 US

FEI Number: 20-2714294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELLO, MORAIMA
9040 NW 32ND COURT ROAD
MIAMI, FL 33147 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: P () Delete
Name: BELLO, MORAIMA
Address: 9040 NW 32ND COURT ROAD
City-St-Zip: MIAMI, FL 33147

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 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: MORAIMA BELLO

P

02/21/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date