

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000073939

FILED  
Aug 01, 2007  
Secretary of State

Entity Name: PALMETTO WEST REHABILITATION CENTER, INC.

## Current Principal Place of Business:

240 N.W. 45 AVE.  
MIAMI, FL 33126

## New Principal Place of Business:

6955 NW 77 AVE  
303  
MIAMI, FL 33166

## Current Mailing Address:

240 N.W. 45 AVE.  
MIAMI, FL 33126

## New Mailing Address:

6955 NW 77 AVE  
303  
MIAMI, FL 33166

FEI Number: 20-2923068

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MASEDA, CARIDAD  
240 NW 45 AVE.  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

FARKASS, RICARDO  
6955 NW 77 AVE  
303  
MIAMI, FL 33166 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: RICARDO FARKASS

08/01/2007

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: MASEDA, CARIDAD  
Address: 240 N.W. 45 AVE.  
City-St-Zip: MIAMI, FL 33126

Title: VPS ( ) Delete  
Name: TIMOR, ERADA  
Address: 240 N.W. 45 AVE.  
City-St-Zip: MIAMI, FL 33126

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FARKASS, RICARDO  
Address: 6955 NW 77 AVE STE 303  
City-St-Zip: MIAMI, FL 33166

Title: VPS (X) Change ( ) Addition  
Name: ECHEVERRIA, RICARDO  
Address: 6955 NW 77 AVE STE 303  
City-St-Zip: MIAMI, FL 33166

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: RICARDO FARKASS

P

08/01/2007

Electronic Signature of Signing Officer or Director

Date