2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# P05000078342

Entity Name: SUDDEN CARE REHABILITATION CENTER, INC.

Current Principal Place of Business:

1401 SW 107TH AVE.
301-X
MIAMI, FL 33174

New Principal Place of Business:

2500 SW 107 AVENUE
47
MIAMI, FL 33165

Current Mailing Address:

1401 SW 107 AVE
301X
MIAMI, FL 33174

New Mailing Address:

2500 SW 107 AVENUE
47
MIAMI, FL 33165

FEI Number: 04-3816318 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VELIZ, LIDIA
715 NW 134 PL
MIAMI, FL 33182 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: PD ( ) Delete
Name: VELIZ, LIDIA
Address: 715 NW 134 PL
City-St-Zip: MIAMI, FL 33182

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: LIDIA VELIZ ADM 03/20/2009
Electronic Signature of Signing Officer or Director — Date