

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000088068

Entity Name: DADE COUNTY REHAB INC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

3900 N.W. 79TH AVENUE
#820
DORAL, FL 33166

New Principal Place of Business:

3900 N.W. 79TH AVENUE
SUITE 805
DORAL, FL 33166

Current Mailing Address:

3900 N.W. 79TH AVENUE
#820
DORAL, FL 33166

New Mailing Address:

3900 N.W. 79TH AVENUE
SUITE 805
DORAL, FL 33166

FEI Number: 20-3025352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SABOGAL, LUZ MARY
3900 N.W. 79TH AVENUE
SUITE 820
DORAL, FL 33166 US

Name and Address of New Registered Agent:

SABOGAL, LUZ MARY
3900 N.W. 79TH AVENUE
SUITE 805
DORAL, 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:

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SABOGAL, LUZ MARY
Address: 3900 NW 79 AVE, SUITE 820
City-St-Zip: DORAL, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VILLEGAS, SALVADOR
Address: 3900 NW 79 AVE, SUITE 805
City-St-Zip: DORAL, 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: SALVADOR VILLEGAS

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date