

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000089043

FILED
Jan 09, 2008
Secretary of State

Entity Name: MULTI MEDICAL REHABILITATION CENTER INC.

Current Principal Place of Business:

2835 HOLLYWOOD BLVD.
2ND FLOOR
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

3800 SOUTH OCEAN DRIVE
APT# 320
HOLLYWOOD, FL 33019 US

New Mailing Address:

FEI Number: 20-3060749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIGMOND, BORIS
3800 SOUTH OCEAN DRIVE
APT# 320
HOLLYWOOD, FL 33019 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: VINH, QUY
Address: 3800 SOUTH OCEAN DRIVE
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: VP () Delete
Name: ZIGMOND, BORIS
Address: 3800 SOUTH OCEAN DRIVE
City-St-Zip: HOLLYWOOD, FL 33019 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BORIS ZIGMOND

DR

01/09/2008

Electronic Signature of Signing Officer or Director

Date