

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000092070

FILED
May 31, 2006
Secretary of State

Entity Name: PREMIER REHAB CARE, INC.

Current Principal Place of Business:

1890 SW 57 AVE STE 108
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

1890 SW 57 AVE STE 108
MIAMI, FL 33155

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, MARIO
9285 SW 125 AVE - # 105
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

ZAYAS, JOSE
1890 SW 57 AVE
108
MIAMI, FL 33155 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: JOSE ZAYAS

05/31/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONZALEZ, MARIO
Address: 9285 SW 125 AVE - # 105
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDTE (X) Change () Addition
Name: ZAYAS, JOSE
Address: 1890 SW 57 AVE, STE 108
City-St-Zip: MIAMI, FL 33155

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: JOSE ZAYAS

PDTE

05/31/2006

Electronic Signature of Signing Officer or Director

Date