

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000110107

FILED
May 03, 2007
Secretary of State

Entity Name: HEARTMAN REHAB CARE FOR KIDS, P.A.

Current Principal Place of Business:

315 CADIMA AVE.
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

315 CADIMA AVE.
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-3088132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNCH, WILLIAM P
315 CALDIMA AVE
CORAL GABLES, FL 33134 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

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: MS () Delete
Name: HARTMAN, ELIZABETH
Address: 315 CALDIMA AVE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS (X) Change () Addition
Name: HARTMAN, ELIZABETH
Address: 315 CADIMA AVE
City-St-Zip: CORAL GABLES, FL 33134

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: WILLIAM P. LYNCH

MR.

05/03/2007

Electronic Signature of Signing Officer or Director

Date