## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000122731

FILED Jan 17, 2008 Secretary of State

Entity Name: THE DIVINE CHILD REHAB, INC. **Current Principal Place of Business: New Principal Place of Business:** 6365 SQUIREWOOD WAY LAKE WORTH, FL 33467 **Current Mailing Address: New Mailing Address:** 6365 SQUIREWOOD WAY LAKE WORTH, FL 33467 FEI Number: 20-3467565 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROJAS, NEY JOSE' 6365 SQUIREWOOD WAY LAKE WORTH, FL 33467 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: MSPT () Delete Title: PRFS (X) Change ( ) Addition

ROJAS, NEY JOSE' ROJAS, NEY J MSPT Name: Name: 6365 SQUIREWOOD WAY 6365 SQUIREWOOD WAY Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33467

( ) Delete Title: VΡ Title: () Change () Addition

Name: ROJAS, RAFAELA Name: 6365 SQUIREWOOD WAY Address: Address: LAKE WORTH, FL 33467 City-St-Zip: 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: NEY JOSE ROJAS MSPT **PRES** 01/17/2008