2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 06, 2006
Secretary of State

DOCUMENT# P05000144609

Entity Name: ALL NATIONAL MEDICAL REHABILITATION, INC.

Current Principal Place of Business:

330 SW 27 AVE. SUITES 303
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

330 SW 27 AVE. SUITES 303
MIAMI, FL 33135

New Mailing Address:

FEI Number: 20-3714884 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTELLANOS, YANNELYS
330 SW 27 AVE. SUITES 303
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

ACAN, LIVIA
330 SW 27 AVE. SUITES 303
MIAMI, FL 33135 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: LIVIA ACAN 07/06/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: CASTELLANOS, YANNELYS
Address: 5991 W 10 AVE
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: ACAN, LIVIA
Address: 330 SW 27 AVENUE, STE 303
City-St-Zip: MIAMI, FL 33135

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: LIVIA ACAN DPST 07/06/2006
Electronic Signature of Signing Officer or Director Date