

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000005638

FILED
Mar 14, 2009
Secretary of State**Entity Name:** REHABILITATIVE TREATMENT FACILITY, INC.**Current Principal Place of Business:**3534 W FLAGLER ST
MIAMI, FL 33135**New Principal Place of Business:**942 SW 82 AVE
MIAMI, FL 33144**Current Mailing Address:**3534 W FLAGLER ST
MIAMI, FL 33135**New Mailing Address:**942 SW 82 AVE
MIAMI, FL 33144**FEI Number:** 81-0680578**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SANCHEZ, MARILYS
3534 W FLAGLER ST
MIAMI, FL 33135 US**Name and Address of New Registered Agent:**SANCHEZ, MARILYS
942 SW 82 AVE
MIAMI, FL 33144 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: MARILYS SANCHEZ

03/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PRES () Delete
Name: SANCHEZ, MARILYS
Address: 3534 W FLAGLER ST
City-St-Zip: MIAMI, FL 33135**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change () Addition
Name: SANCHEZ, MARILYS
Address: 942 SW 82 AVE
City-St-Zip: MIAMI, FL 33144

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: MARILYS SANCHEZ

PRES

03/14/2009

Electronic Signature of Signing Officer or Director

Date