

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000016297

FILED
Jan 17, 2008
Secretary of State

Entity Name: BISCAYNE NEUROLOGIC REHABILITATION CENTER, INC.

Current Principal Place of Business:

15921 BISCAYNE BLVD.
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

15921 BISCAYNE BLVD.
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 20-4223513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDIN, MICHAEL D
2045 NE 198TH TERRACE
MIAMI, FL 33179 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOLDIN, MICHAEL D
Address: 2045 NE 198TH TERRACE
City-St-Zip: MIAMI, FL 33179

Title: V () Delete
Name: SOUTH FLORIDA UNION, LLC
Address: 2999 NE 191 ST STE 905
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MICHAEL GOLDIN

PR

01/17/2008

Electronic Signature of Signing Officer or Director

Date