

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90007 017 \*\*\*150.00

<b>DOCUMENT # P06000024782</b> 1. Entity Name <b>ONE ON ONE REHAB, INC.</b>			
Principal Place of Business <b>4508 SW 160 AVE #729</b> <b>MIRAMAR, FL 33027</b>		Mailing Address <b>4508 SW 160 AVE #729</b> <b>MIRAMAR, FL 33027</b>	
2. Principal Place of Business - No P.O. Box # <b>3820 Colonial Blvd Ste 102</b>		3. Mailing Address <b>3820 Colonial Blvd Ste 102</b>	
Suite, Apt. #, etc. <b>Ste 102</b>		Suite, Apt. #, etc. <b>Ste 102</b>	
City & State <b>Fort Myers, FL</b>		City & State <b>Fort Myers, FL</b>	
Zip <b>33966</b>		Zip <b>33966</b>	
Country <b>FL</b>		Country <b>FL</b>	
4. FEI Number <b>20-4420843</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROJAS, JAMES</b> <b>4508 SW 160 AVE #729</b> <b>MIRAMAR, FL 33027</b>		7. Name and Address of New Registered Agent  Name <b>Rojas, James</b> Street Address (P.O. Box Number is Not Acceptable) <b>3820 Colonial Blvd Ste 102</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33966</b>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>James Rojas</u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>RIVERA, LILIANA P</b> <b>4508 SW 160 AVE #729</b> <b>MIRAMAR, FL 33027</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <b>Rivera, Liliana P.</b> <b>3820 Colonial Blvd Ste 102</b> <b>Fort Myers, FL 33966</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <b>ROJAS, JAMES</b> <b>4508 SW 160 AVE #729</b> <b>MIRAMAR, FL 33027</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vicepresident <b>Rojas, James</b> <b>3820 Colonial Blvd Ste 102</b> <b>Fort Myers, FL 33966</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			