## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000027580

Entity Name: EVERYTHING REHAB SERVICES, INC.

FILED Apr 30, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1200 BRICKELL BAY DR. 325 SOUTH BISCAYNE BLVD. APT. #3208 APT. # 4016

MIAMI, FL 33131 MIAMI, FL 33131

**Current Mailing Address: New Mailing Address:** 

1200 BRICKELL BAY DR. 325 SOUTH BISCAYNE BLVD. APT. #3208 APT. # 4016

MIAMI, FL 33131 MIAMI, FL 33131 US

FEI Number: 20-4367815 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:

LEONCIO, RENE F 14861 SW 42ND TERRACE MIAMI, FL 33185

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:

Title:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete ECHEVARRIA, RANDY ECHEVARRIA, RANDY Name: Name:

1200 BRICKELL BAY DR. 325 SOUTH BISCAYNE BLVD., APT. # 4016 Address: Address:

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131

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

CAPDEVILA, EVELYN Name: Name: CAPDEVILA, EVELYN

1200 BRICKELL BAY DR. Address: 325 SOUTH BISCAYNE BLVD., APT. # 4016 Address:

MIAMI, FL 33131 MIAMI, FL 33131 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: RENE F. LEONCIO POA 04/30/2007

Electronic Signature of Signing Officer or Director

Date