

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000062703

FILED
May 29, 2008
Secretary of State**Entity Name:** ALL MEDICAL REHAB CENTER, INC.**Current Principal Place of Business:**2549 S. FEDERAL HIGHWAY
FORT PIERCE, FL 34982 US**New Principal Place of Business:****Current Mailing Address:**2549 S. FEDERAL HIGHWAY
FORT PIERCE, FL 34982 US**New Mailing Address:****FEI Number:** 20-4803129**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PINTO, DAVID
2549 S. FEDERAL HIGHWAY
FORT PIERCE, FL 34982 US**Name and Address of New Registered Agent:**REITER, PETER
6005 STIRLING RD
111
DAVIE, FL 33314 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: PETER REITER

05/29/2008

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: PINTO, DAVID
Address: 2549 S. FEDERAL HIGHWAY
City-St-Zip: FORT PIERCE, FL 34982 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: REITER, PETER
Address: 6005 STIRLING RD
City-St-Zip: DAVIE, FL 33314 US

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: PETER REITER

P

05/29/2008

Electronic Signature of Signing Officer or Director_____
Date