

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000078258

FILED
Apr 21, 2008
Secretary of State

Entity Name: ADVANCED REHAB CENTER, INC.

Current Principal Place of Business:

4401 S. HOPKINS AVE.
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

4401 S. HOPKINS AVE.
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 20-3343942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AZER, EHAB S
1670 CANOE CREEK RD
OVIEDO, FL 32766 US

Name and Address of New Registered Agent:

BOULOS, EHAB S
2305 FOLIAGE OAK TER.
OVIEDO, FL 32766 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: EHAB BOULOS

04/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOULOS, EHAB
Address: 2305 FOLIAGE OAK TER.
City-St-Zip: OVIEDO, FL 32766

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOULOS, EHAB
Address: 2305 FOLIAGE OAK TER.
City-St-Zip: OVIEDO, FL 32766

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: EHAB BOULOS

P

04/21/2008

Electronic Signature of Signing Officer or Director

Date