2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# P06000078961

Entity Name: CENTER FOR HEALTH & REHAB, INC.

Current Principal Place of Business:

6351 S. ORANGE AVE
ORLANDO, FL 32809

New Principal Place of Business:

6349 S. ORANGE AVE
ORLANDO, FL 32809

Current Mailing Address:

PO BOX 585800
ORLANDO, FL 32858

New Mailing Address:

FEI Number: 20-5140287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHNEIDER, SAIAH
6351 S. ORANGE AVE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

SCHNEIDER, SAIAH
6349 S. ORANGE AVE
ORLANDO, FL 32809 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: SAIAH SCHNEIDER 05/01/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHNEIDER, SAIAH A
Address: 6351 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SCHNEIDER, SAIAH A
Address: 6349 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32809

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: JOSEPH BARTHELEMY D 05/01/2007
Electronic Signature of Signing Officer or Director Date