2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007
Secretary of State

DOCUMENT# P06000110672

Entity Name: OAKLAND HEALTHCARE & REHAB CORP.

Current Principal Place of Business:

871 W OAKLAND PK. BLVD
SUITE 301B
WILTON MANORS, FL 33311

New Principal Place of Business:

7746 W. HILLSBOROUGH AVE
TAMPA, FL 33615

Current Mailing Address:

871 W OAKLAND PK. BLVD
SUITE 301B
WILTON MANORS, FL 33311

New Mailing Address:

7746 W. HILLSBOROUGH AVE
TAMPA, FL 33615

FEI Number: 20-5435097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAZQUEZ, HECTOR M
871 W OAKLAND PK. BLVD
SUITE 301B
WILTON MANORS, FL 33311 US

Name and Address of New Registered Agent:

VAZQUEZ, HECTOR M
9400 SUN ISLE DR NE
ST. PETERSBURG, FL 33702 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: HECTOR M. VAZQUEZ 01/23/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VAZQUEZ, HECTOR M DC
Address: 871 W OAKLAND PK. BLVD SUITE 301B
City-St-Zip: WILTON MANORS, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: VAZQUEZ, HECTOR M DC
Address: 9400 SUN ISLE DR NE
City-St-Zip: ST. PETERSBURG, FL 33702

I hereby certify that the information supplied with this filing does not qualify for the 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: HECTOR M. VAZQUEZ P 01/23/2007
Electronic Signature of Signing Officer or Director Date