

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000116584

FILED  
Mar 26, 2007  
Secretary of State

Entity Name: BOCA MEDICAL & REHAB CENTER, INC.

## Current Principal Place of Business:

5800 WEST FEDERAL HIGHWAY  
SUITE 4  
BOCA RATON, FL 33487

## New Principal Place of Business:

2706 W. ATLANTIC BLVD  
POMPANO BEACH, FL 33069

## Current Mailing Address:

2706 W. ATLANTIC BOULEVARD  
POMPANO BEACH, FL 33069

## New Mailing Address:

FEI Number: 20-5706797      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BATTAGLIOLA, HENRY J  
2706 WEST ATLANTIC BOULEVARD  
POMPANO BEACH, FL 33069 US

## Name and Address of New Registered Agent:

MANIDIS, THOMAS M  
2706 WEST ATLANTIC BOULEVARD  
POMPANO BEACH, FL 33069 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: THOMAS M MANIDIS

03/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BATTAGLIOLA, HENRY J  
Address: 2706 WEST ATLANTIC BOULEVARD  
City-St-Zip: POMPANO BEACH, FL 33069

Title: VP (X) Delete  
Name: MANIDIS, THOMAS M  
Address: 2706 WEST ATLANTIC BOULEVARD  
City-St-Zip: POMPANO BEACH, FL 33069

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MANIDIS, THOMAS M  
Address: 2706 WEST ATLANTIC BOULEVARD  
City-St-Zip: POMPANO BEACH, FL 33069

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: THOMAS M MANIDIS

P

03/26/2007

Electronic Signature of Signing Officer or Director

Date