

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000132284

Entity Name: NOVA TOTAL REHAB CENTER INC

FILED
Jan 10, 2007
Secretary of State

Current Principal Place of Business:

5671-5673 VINELAND RD
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

5671-5673 VINELAND RD
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 20-5705660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AZEVEDO, FABIO
2051 SW DELRIO BLVD.
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

AZEVEDO, CELSO
5356 N. ANDREWS AVE.
FORT LAUDERDALE, FL 33309 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: FABIO AZEVEDO

01/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AZEVEDO, FABIO
Address: 2051 SW DELRIO BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AZEVEDO, CELSO
Address: 5356 N. ANDREWS AVE.
City-St-Zip: FORT LAUDERDALE, FL 33309

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: CELSO AZEVEDO

P

01/10/2007

Electronic Signature of Signing Officer or Director

Date