2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000127603

Entity Name: LEGEND MEDICAL & REHABILITATION CENTER, INC.

FILED Feb 11, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1400 N. SEMORAN BLVD SUITE A ORLANDO, FL 32807

Current Mailing Address: New Mailing Address:

1400 N. SEMORAN BLVD SUITE A ORLANDO, FL 32807

FEI Number: 26-1485920 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MENENCIA, SERAFIN M
1400 N. SEMORAN BLVD
SUITE A
ORLANDO, FL 32807 US
GUTIERREZ, HUMBERTO
1400 N. SEMORAN BLVD
SUITE A
ORLANDO, FL 32807 US
ORLANDO, FL 32807 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: HUMBERTO GUTIERREZ 02/11/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MENENCIA, SERAFIN M GUTIERREZ, HUMBERTO Name: Name: 1400 N. SEMORAN BLVD SUITE A Address: 1400 N. SEMORAN BLVD SUITE A Address: City-St-Zip: ORLANDO, FL 32807 FL City-St-Zip: ORLANDO, FL 32807 FL

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: HUMBERTO GUTIERREZ P 02/11/2008