2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2010
Secretary of State

DOCUMENT# P08000079407

Entity Name: LA SALUD MEDICAL & REHAB CENTER, INC.

Current Principal Place of Business:

2650 SOUTH MILITARY TRAIL
SUITE 12
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

8927 HYPOLUXO RD
SUITE A4, PMB 217
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 26-3245598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DESSALINES, HEBREU
8927 HYPOLUXO RD
SUITE A4, PMB 217
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: DESSALINES, HEBREU
Address: 8927 HYPOLUXO RD, STE A4 - PMB 217
City-St-Zip: LAKE WORTH, FL 33467

Title: VP
Name: DESSALINES, EDVARD
Address: 8927 HYPOLUXO RD, STE A4 - PMB 217
City-St-Zip: LAKE WORTH, FL 33467

I hereby 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 all other like empowered.

SIGNATURE: HEBREU DESSALINES P 04/18/2010

Electronic Signature of Signing Officer or Director — Date