

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000081939

Entity Name: HOPE REHABILITATION CARE, INC

FILED
Jun 16, 2009
Secretary of State

Current Principal Place of Business:

400 CHURCH STREET AT DRURY AVENUE
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

400 CHURCH STREET AT DRURY AVENUE
KISSIMMEE, FL 34741 US

New Mailing Address:

FEI Number: 26-3297571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, WILLIAM A SR.
1089 W. GRANADA BLVD.
SUITE # 3
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

IRIZARRY, CESAR O SR.
5771 CROWNTREE LANE
203 BLDG. 5
ORLANDO, FL 32829 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: DR. CESAR O. IRRIZARRY, D. C.

06/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HALL, WILLIAM A SR.
Address: 1089 W. GRANADA BLVD., SUITE # 3
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VP () Delete
Name: RODRIGUEZ, DANY
Address: 501 SW 62 AVENUE
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: IRIZARRY, CESAR O SR.
Address: 5771 CROWNTREE LANE # 203 BLDG. 5
City-St-Zip: ORLANDO, FL 32829 US

Title: VP (X) Change () Addition
Name: RODRIGUEZ, DANY
Address: 501 SW 62 AVENUE
City-St-Zip: MIAMI, FL 33144

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: DR. CESAR O. IRIZARRY, D.C.

P

06/16/2009

Electronic Signature of Signing Officer or Director

Date