

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000081939

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** HOPE REHABILITATION CARE, INC

**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:**

IIRIZARRY, CESAR O SR.  
5771 CROWNTREE LANE  
# 203 BLDG. 5  
ORLANDO, FL 32829 US

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

IIRIZARRY, CESAR O DR.  
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. IRIZARRY

04/28/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: IRIZARRY, CESAR O DR.  
Address: 5771 CROWNTREE LANE # 203 BLDG. 5  
City-St-Zip: ORLANDO, FL 32829 US

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

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: DR. CESAR O. IRIZARRY

P

04/28/2010

Electronic Signature of Signing Officer or Director

Date