

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000091690

FILED
Apr 21, 2009
Secretary of State

Entity Name: BOCA REHABILITATION CLINIC CORP.

Current Principal Place of Business:

6765 SUNSET STRIP, SUITE 1
SUNRISE, FL 33431

New Principal Place of Business:

6765 SUNSET STRIP
SUITE 1
SUNRISE, FL 33313

Current Mailing Address:

6765 SUNSET STRIP, SUITE 1
SUNRISE, FL 33431

New Mailing Address:

6765 SUNSET STRIP
SUITE 1
SUNRISE, FL 33313

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HCRM CORP.
2200 CORPORATE BOULEVARD, N.E.
SUITE 401
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

HABIBI, KAM
6765 SUNSET STRIP
SUITE 1
SUNRISE, FL 33313 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: KAM HABIBI

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OFFI () Change (X) Addition
Name: HABIBI, KAM
Address: 6765 SUNSET STRIP, SUITE 1
City-St-Zip: SUNRISE, FL 33313

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: KAM HABIBI

OFFI

04/21/2009

Electronic Signature of Signing Officer or Director

Date