2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008
Secretary of State

DOCUMENT# P95000045801

Entity Name: UNIVERSAL MEDICAL & REHABILITATION CLINIC, INC.

Current Principal Place of Business:

290 N.W. 165TH STREET
PENTHOUSE 6
MIAMI, FL 33169 US

New Principal Place of Business:

3114 NE 210 TERR
AVENTURA, FL 33180 US

Current Mailing Address:

290 N.W. 165TH STREET
PENTHOUSE 6
MIAMI, FL 33169 US

New Mailing Address:

3114 NE 210TH TERR
AVENTURA, FL 33180 US

FEI Number: 65-0603004 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 US

Name and Address of New Registered Agent:

CAZES, DEBBIE
3114 NE 210 TERR
AVENTURA, FL 33180 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: DEBBIE CAZES 04/07/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: CAZES, DEBBIE
Address: 290 N.W. 165 STREET, PENTHOUSE
City-St-Zip: MIAMI, FL 33169

Title: SD ( ) Delete
Name: CAZES, ISAAC
Address: 290 N.W. 165 STREET, PENTHOUSE
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: CAZES, DEBBIE
Address: 3114 NE 210 TERR
City-St-Zip: AVENTURA, FL 33180

Title: SD (X) Change ( ) Addition
Name: CAZES, ISAAC
Address: 3114 NE 210 TERR
City-St-Zip: AVENTURA, FL 33180

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: DEBBIE CAZES PRES 04/07/2008
Electronic Signature of Signing Officer or Director Date