2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 27, 2007
Secretary of State

DOCUMENT# P97000045404

Entity Name: MEDICAL REHAB, INC.

Current Principal Place of Business:

4545-2 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4545-2 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3447660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GEAR, HAROLD
4545-2 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

OWENSBY, LESIA A
4545-2 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32207 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: LESIA A. OWENSBY 08/27/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P, D ( ) Delete
Name: TERRELL, JOHN C
Address: 4545-2 ST AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32207 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change ( ) Addition
Name: OWENSBY, LESIA A
Address: 4545-2 ST AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32207 US

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: LESIA A. OWENSBY PRES 08/27/2007
Electronic Signature of Signing Officer or Director Date