

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000084764

FILED
Apr 27, 2007
Secretary of State

Entity Name: HOLLYWOOD INJURY REHABILITATION CENTER, INC.

Current Principal Place of Business:

2540 N. STATE RD. 7
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

2540 N. STATE RD. 7
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 65-0789337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, BONNIE S
9050 PINES BLVD
#301
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEWIN, ROBERT
Address: 2540 N STATE ROAD 7
City-St-Zip: HOLLYWOOD, FL 33021

Title: VPD () Delete
Name: SHAPIRO, GUY
Address: 2540 N STATE ROAD 7
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LEWIN, HARLEY
Address: 2540 N STATE ROAD 7
City-St-Zip: HOLLYWOOD, FL 33021

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: ROBERT LEWIN

PRES

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date