2008 FOR PROFIT CORPORATION

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: X

Apr 22, 2008 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P97000097561 SENIOR REHAB SYSTEMS, INC. Principal Place of Business Mailing Address 1085 KANE CONCOURSE 1085 KANE CONCOURSE BAY HARBOR, FL 33154 BAY HARBOR, FL 33154 US 04032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0801818 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARCUS, ALAN J DO NOT WRITE 20803 BISCAYNE BLVD STE 301 IN THIS SPACE MIAMI, FL 33180 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or project name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U000000914812 Added to Fees Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 05/08/08-80071-<u>019-150.00</u> OFFICERS AND DIRECTORS 10. DP TITLE WITTELS, MICHAEL B M.D. NAME 1085 KANE CONCOURSE STREET ADORESS CITY-ST-ZIP BAY HARBOR, FL 33154 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport is true and accurate and that my 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 exposed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address. With all other like empowered.

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #