2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2009
Secretary of State

DOCUMENT# P97000102249

Entity Name: HOLLYWOOD COMPREHENSIVE REHABILITATION FACILITIES, INC.

Current Principal Place of Business:

6495 TAFT ST
HOLLYWOOD, FL 33024

New Principal Place of Business:

7050 TAFT ST
HOLLYWOOD, FL 33024

Current Mailing Address:

6495 TAFT ST
HOLLYWOOD, FL 33024

New Mailing Address:

7050 TAFT ST
HOLLYWOOD, FL 33024

FEI Number: 65-0801832 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PUPO, ARQUIMIDES
6495 TAFT ST
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

PUPO, ARQUIMIDES
7050 TAFT ST
HOLLYWOOD, FL 33024 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: 04/12/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: PUPO, ARQUIMIDES
Address: 6495 TAFT ST
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: PUPO, ARQUIMIDES
Address: 7050 TAFT ST
City-St-Zip: HOLLYWOOD, FL 33024

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: ARQUIMEDES PUPO PSD 04/12/2009
Electronic Signature of Signing Officer or Director Date