
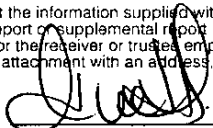


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P97000105997</b> 1. Entity Name <b>PROGRESSIVE REHAB. CENTER, CORP.</b>						<b>FILED</b> <b>07 MAR 27 PM 2: 17</b> DEPT. OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>3271 N.W. 7TH ST., #207</b> <b>MIAMI, FL 33125 US</b>				Mailing Address <b>3271 N.W. 7TH ST., #207</b> <b>MIAMI, FL 33125 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1800 W 68th #117</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>65-0799987</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33014</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> <b>LOMBERA, IVETTE</b> <b>3271 N.W. 7TH ST., #207</b> <b>MIAMI, FL 33125</b>				<b>7. Name and Address of New Registered Agent</b>			
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.				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				State <b>FL</b> Zip Code			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>300095173083</b> <b>03/28/07--01041--018 **158.75</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>PSD</b>				TITLE 			
NAME <b>LOMBERA, IVETTE</b>				NAME 			
STREET ADDRESS <b>3271 NW 7TH STREET, SUITE 207</b>				STREET ADDRESS 			
CITY-ST-ZIP <b>MIAMI, FL 33125</b>				CITY-ST-ZIP 			
TITLE 				TITLE 			
NAME 				NAME 			
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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 report 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 empowered 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.							
<b>SIGNATURE:</b> 				<b>3/14/07</b> (305) 827-5098			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			
<b>IVETTE LOMBERA, PRESIDENT</b>							