2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005
Secretary of State

DOCUMENT# P98000002276

Entity Name: LIFE REHABILITATION CENTER INC.

Current Principal Place of Business:

709 EAST 9 STREET
HIALEAH, FL 33010

New Principal Place of Business:

5970 NW 110 TERR
HIALEAH, FL 33012

Current Mailing Address:

709 EAST 9 STREET
HIALEAH, FL 33010

New Mailing Address:

5970 NW 110 TERR
HIALEAH, FL 33012

FEI Number: 65-0808148 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARRIOS, SILVIA Y
10570 SW 26 TERRACE
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

BARRIOS, SILVIA Y
5970 NW 110 TERR
HIALEAH, FL 33012 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: SILVIA Y BARRIOS 04/06/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BARRIOS, SILVIA Y
Address: 5970 N.W. 110 TERR.
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SILVIA Y. BARRIOS P 04/06/2005
Electronic Signature of Signing Officer or Director Date