2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P98000080549

Entity Name: MEDI MAX REHABILITATION CENTER INC.

Current Principal Place of Business:

330 E 9 STREET
SUITE 105
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

330 E 9 STREET
SUITE 105
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 59-3535025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANAYA-BORGES, REINA
9608 S.W. 5 LANE
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

ANAYA, REINA
9608 S.W. 5 LANE
MIAMI, FL 33174 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: REINA ANAYA 04/28/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ANAYA-BORGES, REINA
Address: 9608 S.W. 5 LANE
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ANAYA, REINA
Address: 9608 S.W. 5 LANE
City-St-Zip: MIAMI, FL 33174

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: REINA ANAYA PD 04/28/2009
Electronic Signature of Signing Officer or Director Date