## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000088357

Entity Name: MEDICAL REHAB OF SOUTH FLORIDA, INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

959 EAST COMMERCIAL BLVD. 729 EAST ATLANTIC BLVD. FT. LAUDERDALE, FL 33334 POMPANO BEACH, FL 33060

Current Mailing Address: New Mailing Address:

P.O. BOX 8731 CORAL SPRINGS, FL 33075

FEI Number: 65-0952843 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SLATKIN, EVAN J
959 EAST COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33334 US
SLATKIN, EVAN J
729 EAST ATLANTIC BLVD.
POMPANO BEACH, FL 33060 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: 04/27/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS () Delete Title: PS (X) Change () Addition

Name:SLATKIN, EVAN JName:SLATKIN, EVAN JAddress:959 EAST COMMERCIAL BLVD.Address:729 EAST ATLANTIC BLVD.City-St-Zip:FT. LAUDERDALE, FL 33334City-St-Zip:POMPANO BEACH, FL 33060

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: EVAN J. SLATKIN PS 04/27/2007