

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084400

FILED
Feb 04, 2008
Secretary of State

Entity Name: SPRING HILL REHAB & LYMPHEDEMA CENTER, INC.

Current Principal Place of Business:

12587 SPRING HILL DRIVE
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

12587 SPRING HILL DRIVE
SPRING HILL, FL 34609

New Mailing Address:

FEI Number: 59-3748295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNAPP, ROBERT D PRES
8356 ELDRIDGE ROAD
SPRING HILL, FL 34608 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BOWERS-KNAPP, MARILYN
Address: 8356 ELDRIDGE RD
City-St-Zip: SPRING HILL, FL 34608

Title: PRES () Delete
Name: KNAPP, ROBERT D
Address: 8356 ELDRIDGE RD
City-St-Zip: SPRING HILL, FL 34608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ROBERT D. KNAPP

PRES

02/04/2008

Electronic Signature of Signing Officer or Director

Date