


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90096 047 ***150.00

DOCUMENT # P03000053617			
1. Entity Name RAMIAH REHABILITATION, INC.			
Principal Place of Business 115 E. GRANADA BLVD. SUITE 1 ORMOND BEACH, FL 32176		Mailing Address 115 E. GRANADA BLVD. SUITE 1 ORMOND BEACH, FL 32176	
2. Principal Place of Business - No P.O. Box # <i>13 Woodford Lane</i>		3. Mailing Address <i>13 Woodford Lane</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Palm Coast, FL</i>		City & State <i>Palm Coast, FL</i>	
4. FEI Number 45-0515437		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04212008 Chg-P CR2E034 (12/06)	
Zip <i>32164</i>		Country <i>Flagler</i>	
6. Name and Address of Current Registered Agent MASBAD, RAYMOND F 115 E. GRANADA BLVD. SUITE 1 ORMOND BEACH, FL 32176		7. Name and Address of New Registered Agent Name <i>Raymond F Masbad</i> Street Address (P.O. Box Number is Not Acceptable) <i>13 Woodford Lane</i> City <i>Palm Coast</i> FL Zip Code <i>32164</i>	
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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASBAD, GINA MARIE 115 E. GRANADA BLVD. SUITE 1 ORMOND BEACH, FL ORMOND BE	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<i>P masbad, Gina Marie</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>13 Woodford Lane</i> <i>Palm Coast, FL 32164</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MASBAD, RAYMOND F 115 E. GRANADA BLVD. SUITE 1 ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<i>S masbad, Raymond F</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>13 Woodford Lane</i> <i>Palm Coast, FL 32164</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <i>Gina Masbad, President</i>		Date: <i>4/21/08</i> Daytime Phone #: <i>386 6728577</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	