

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000086810

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** EMERALD COAST REHAB ASSOCIATES, INC.

**Current Principal Place of Business:**

320 W CERVANTES  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13085  
PENSACOLA, FL 32591

**New Mailing Address:**

FEI Number: 20-0137260

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HIGHTOWER, DAVID E  
501 COMMENDENCIA ST  
PENSACOLA, FL 32502 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

**OFFICERS AND DIRECTORS:**

Title: OFF  
Name: TORRES, GLENDA K PRESIDE  
Address: 2745 CREEKS EDGE LANE  
City-St-Zip: NAVARRE, FL 32566

Title: OFF  
Name: WINDHAM, DENISE VP  
Address: 562 EAST ROMANA STREET  
City-St-Zip: PENSACOLA, FL 32502

I hereby 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 all other like empowered.

SIGNATURE: GLENDA K. TORRES

PRES

02/24/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date