

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000105070

FILED
Feb 22, 2008
Secretary of State

Entity Name: HEALTH AND REHAB HOME THERAPY, INC.

Current Principal Place of Business:

11951 US HWY 1
SUITE 105
NORTH PALM BEACH, FL 33408 US

New Principal Place of Business:

Current Mailing Address:

11951 US HWY1
SUITE 105
NORTH PALM BEACH, FL 33408 US

New Mailing Address:

FEI Number: 20-5397715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWARD, TIMOTHY R II
11951 US HWY 1
SUITE 105
NORTH PALM BEACH, FL 33408 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: DPS () Delete
Name: TOWARD, TIMOTHY R II
Address: 11951 US HWY 1 STE 105
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: DVT () Delete
Name: ORTMANN, MARK
Address: 11951 US HWY 1 STE 105
City-St-Zip: NORTH PALM BEACH, FL 33408 US

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: TIMOTHY R. TOWARD II

PRES

02/22/2008

Electronic Signature of Signing Officer or Director

Date