

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F80279

FILED
Apr 28, 2009
Secretary of State

Entity Name: MEDICAL ARTS REHABILITATION, INC.

Current Principal Place of Business:

1812 59TH ST. WEST
BRADENTON, FL 34209 US

New Principal Place of Business:

506 4TH AVENUE WEST
PALMETTO, FL 34221 US

Current Mailing Address:

1812 59TH ST. WEST
BRADENTON, FL 34209 US

New Mailing Address:

506 4TH AVENUE WEST
PALMETTO, FL 34221 US

FEI Number: 59-2199074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUCOIN, GARFIELD W
1812 59TH ST. WEST
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

RICHARDSON, CHARLES T
506 4TH AVENUE WEST
PALMETTO, FL 34221 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: TIM RICHARDSON

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VT () Delete
Name: AUCOIN, GARFIELD W
Address: 1812-59TH ST W.
City-St-Zip: BRADENTON, FL 34209

Title: S (X) Delete
Name: FRENCH, ERIC L
Address: 1812- 59TH ST., W.
City-St-Zip: BRADENTON, FL 34209

Title: PD () Delete
Name: RICHARDSON, CHARLES T
Address: 1812- 59TH ST W,
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VT (X) Change () Addition
Name: AUCOIN, GARFIELD W
Address: 506 4TH AVENUE WEST
City-St-Zip: PALMETTO, FL 34221

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

Title: PSD (X) Change () Addition
Name: RICHARDSON, CHARLES T
Address: 506 4TH AVENUE WEST
City-St-Zip: PALMETTO, FL 34221

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: TIM RICHARDSON

PSD

04/28/2009

Electronic Signature of Signing Officer or Director

Date