

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 08:00 AM
Secretary of State
RECEIVED JAN 2008

DOCUMENT # J68482	
1. Entity Name EAST LEE COUNTY REHABILITATION CENTER, INC.	

Principal Place of Business 1150 LEE BLVD. SUITE C LEHIGH ACRES FL 33936	Mailing Address 1150 LEE BLVD. SUITE C LEHIGH ACRES FL 33936
--	--



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-2797898	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent PENARANDA, CARLO T. 1150 LEE BLVD. SUITE C LEHIGH ACRES FL 33936	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 Carlo T. Penaranda Jan 28, 2008
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when rechartering.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	DPT ☐ Delete
NAME	PENARANDA, CARLO
STREET ADDRESS	1150 LEE BLVD.
CITY-ST-ZIP	LEHIGH ACRES FL
TITLE	DVS ☐ Delete
NAME	PENARANDA, FE
STREET ADDRESS	1150 LEE BLVD.
CITY-ST-ZIP	LEHIGH ACRES FL
TITLE	P ☐ Delete
NAME	PEHARANDA, DEXTER
STREET ADDRESS	1150 LEE BLVD.
CITY-ST-ZIP	LEHIGH ACRES FL
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	000000812323 ☐ Change ☐ Addition
NAME	02/12/08-80042-007 150.00
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Carlo T. Penaranda 1/28/08 239-369-0577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digitized by eScribe