2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2010
Secretary of State

DOCUMENT# P00000011975

Entity Name: HEALIS REHABILITATION CENTER, INC.

Current Principal Place of Business:

18001 OLD CUTLER ROAD
SUITE 354
PALMETTO BAY, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

18001 OLD CUTLER ROAD
SUITE 354
PALMETTO BAY, FL 33157 US

New Mailing Address:

FEI Number: 65-0979970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEATHER ATTONG
18001 OLD CUTLER RD
354
PALMETTO BAY, FL 33157 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD
Name: ATTONG, HEATHER
Address: 18001 OLD CUTLER RD, STE 354
City-St-Zip: PALMETTO BAY, FL 33157

Title: VPD
Name: GALVEZ, LISA
Address: 18001 OLD CUTLER RD, STE 354
City-St-Zip: PALMETTO BAY, FL 33157

Title: STD
Name: GALVEZ, LISA
Address: 18001 OLD CULTER RD, STE 354
City-St-Zip: PALMETTO BAY, FL 33157

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: HEATHER ATTONG PD 05/01/2010

Electronic Signature of Signing Officer or Director Date