

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000019866

FILED
May 04, 2009
Secretary of State

Entity Name: METRO REHAB OF ORLANDO, INC.

Current Principal Place of Business:

5390 HOFFNER AVE
STE F
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

140 NORRIS PLACE
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-3727306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALCARAZ, LIZZETTE
5390 HOFFNER AVE
SUITE F
ORLANDO, FL 32812 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: D () Delete
Name: ALCARAZ, LIZZETTE
Address: 5390 HOFFNER AVE SUITE F
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: ALCARAZ, LUIS E
Address: 5390 HOFFNER AVE. SUITE F
City-St-Zip: ORLANDO, FL 32812

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: LIZZETTE ALCARAZ

MRS.

05/04/2009

Electronic Signature of Signing Officer or Director

Date