

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000019866

FILED  
Apr 24, 2010  
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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** ALCARAZ, LIZZETTE  
**Address:** 5390 HOFFNER AVE SUITE F  
**City-St-Zip:** ORLANDO, FL 32812

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

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:** LIZZETTE ALCARAZ

D

04/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date