2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P01000062688

Entity Name: DOCTORS REHAB CLINIC, INC.

Current Principal Place of Business:

4602 N ARMENIA AVE
B3
TAMPA, FL 33609

New Principal Place of Business:

4602 N ARMENIA AVE
B3
TAMPA, FL 33603

Current Mailing Address:

4602 N ARMENIA AVE
B3
TAMPA, FL 33609

New Mailing Address:

4602 N ARMENIA AVE
B3
TAMPA, FL 33603

FEI Number: 59-3728488 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROMAS, IVAN C
4602 N ARMENIA AVE
B3
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

RAMOS, IVAN C
4602 N ARMENIA AVE
B3
TAMPA, FL 33603 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: IVAN C RAMOS 04/28/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROMAS, IVAN C
Address: 4602 N ARMENIA AVE, B3
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RAMOS, IVAN C
Address: 4602 N ARMENIA AVE, B3
City-St-Zip: TAMPA, FL 33603

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: IVAN C RAMOS PD 04/28/2009
Electronic Signature of Signing Officer or Director Date