

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000101359

Entity Name: PRIMECARE REHAB, INC.

**FILED**  
**Jan 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

570 MEMORIAL CIR.  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

570 MEMORIAL CIR.  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 59-3757887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSADO, HECTOR  
570 MEMORIAL CIR.  
ORMOND BEACH, FL 32174 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: P  
Name: HECTOR, ROSADO  
Address: 570 MEMORIAL CIR.  
City-St-Zip: ORMOND BEACH, FL 32174

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: HECTOR ROSADO

P

01/29/2010

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

\_\_\_\_\_  
Date