

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101872

FILED  
Jan 29, 2008  
Secretary of State

Entity Name: APPALACHIAN REHAB CENTERS, INC.

## Current Principal Place of Business:

8854 NORTH PASSAGE WAY  
TEQUESTA, FL 33469

## New Principal Place of Business:

## Current Mailing Address:

8854 NORTH PASSAGE WAY  
TEQUESTA, FL 33469

## New Mailing Address:

FEI Number: 65-1146274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PD ( ) Delete  
Name: JOHNSTON, B. SCOTT  
Address: 8854 NORTH PASSAGE WAY  
City-St-Zip: TEQUESTA, FL 33469

Title: VSTD ( ) Delete  
Name: POSNER, MYRNA  
Address: 8854 NORTH PASSAGE WAY  
City-St-Zip: TEQUESTA, FL 33469

Title: D ( ) Delete  
Name: LAMYAITHONG, ALELI  
Address: 8854 NORTH PASSAGE WAY  
City-St-Zip: TEQUESTA, FL 33469

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MYRNA POSNER

VSTD

01/29/2008

Electronic Signature of Signing Officer or Director

Date