

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000113121

FILED
Mar 24, 2009
Secretary of State

Entity Name: FUNCTIONAL REHAB OF EAST FT. MYERS, INC.

Current Principal Place of Business:

14651 PALM BEACH BLVD
SUITE 103
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2565
FT. MYERS, FL 33902

New Mailing Address:

FEI Number: 80-0003069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIEGO SAUSA, JR.
12650 ALLENDALE CIRCLE
FORT MYERS, FL 33912 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: PDCT () Delete
Name: SAUSA, DIEGO JR
Address: 12650 ALLENDALE CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: VS () Delete
Name: SAUSA, DONARIEL E
Address: 12650 ALLENDALE CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: M () Delete
Name: SAUSA, STACEY MARIE E
Address: 12650 ALLENDALE CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: S () Delete
Name: SAUSA, MARUJA E
Address: 12650 ALLENDALE CIR.
City-St-Zip: FORT MYERS, FL 33912

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:

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: DIEGO SAUSA, JR.

PDCT

03/24/2009

Electronic Signature of Signing Officer or Director

Date