

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000113128

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

**Entity Name:** EASTCOAST REHABILITATION CENTER'S,INC.

**Current Principal Place of Business:**

318 SOUTH STATE RD 7  
MARGATE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

318 SOUTH STATE RD 7  
MARGATE, FL 33068

**New Mailing Address:**

110 29TH AVENUE NORTH  
SUITE 300  
NASHVILLE, TN 37203

**FEI Number:** 03-0447411

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCOY, KEVIN  
318 SOUTH STATE RD 7  
MARGATE, FL 33068 US

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

DULUC, LUIS M  
12759 SUNLAND COURT  
TAMPA, FL 33625 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: LUIS M DULUC

01/18/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: DULUC, LUIS M  
Address: 110 29TH AVENUE NORTH, SUITE 300  
City-St-Zip: NASHVILLE, TN 37203

Title: VP  
Name: DULUC, LUIS M  
Address: 110 29TH AVENUE NORTH, SUITE 300  
City-St-Zip: NASHVILLE, TN 37203

Title: TREA  
Name: DULUC, LUIS M  
Address: 110 29TH AVENUE NORTH, SUITE 300  
City-St-Zip: NASHVILLE, TN 37203

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: LUIS M DULUC

MGRM

01/18/2010

Electronic Signature of Signing Officer or Director

Date