

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000063313

FILED
Jul 14, 2008
Secretary of State

Entity Name: SUNRISE PHYSICAL THERAPY AND REHAB, INC.

Current Principal Place of Business:

3521 W BOYNTON BEACH BLVD.
BOYNTON BEACH, FL 33436

New Principal Place of Business:

1501 PRESIDENTIAL WAY
20
WEST PALM BEACH, FL 33401

Current Mailing Address:

3521 W BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33436

New Mailing Address:

1501 PRESIDENTIAL WAY
20
WEST PALM BEACH, FL 33401

FEI Number: 51-0416009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENEMERITO-BAGASAN, MILALYNN A
2746 POINTE CIRCLE
WEST PALM BEACH, FL 33413 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BENEMERITO-BAGASAN, MILALYNN A
Address: 2746 POINTE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33413

Title: VP () Delete
Name: BAGASAN, BENSON P
Address: 2746 POINTE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MILALYNN BAGASAN

PRES

07/14/2008

Electronic Signature of Signing Officer or Director

Date