

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000069003

FILED
Mar 09, 2008
Secretary of State

Entity Name: YOUNG BODY REHABILITATION, INC

Current Principal Place of Business:

9091 NORTH MILITARY TRAIL
SUITE 11
PALM BCH GARDENS, FL 33410

New Principal Place of Business:

4362 NORTHLAKE BLVD
SUITE 105
PALM BCH GARDENS, FL 33410

Current Mailing Address:

5790 WHIRLAWAY RD.
PALM BCH GARDENS, FL 33418

New Mailing Address:

FEI Number: 04-3692964 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEITH, ELIZABETH
5790 WHIRLAWAY RD.
PALM BCH GARDENS, FL 33418 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: PTD () Delete
Name: KEITH, ELIZABETH
Address: 5790 WHIRLAWAY RD.
City-St-Zip: PALM BCH GARDENS, FL 33418

Title: VS () Delete
Name: KEITH, PETER
Address: 5790 WHIRLAWAY RD.
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: ELIZABETH KEITH

PTD

03/09/2008

Electronic Signature of Signing Officer or Director

Date