

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000119711

Entity Name: FLORIDA REHAB CARE, P.A.

FILED  
Jan 08, 2007  
Secretary of State

## Current Principal Place of Business:

306 S 10TH ST  
HAINES CITY, FL 33844

## New Principal Place of Business:

525 S. PINE ST.  
SEBRING, FL 33870

## Current Mailing Address:

306 S 10TH ST  
HAINES CITY, FL 33844

## New Mailing Address:

525 S. PINE ST.  
SEBRING, FL 33870

FEI Number: 71-0913263

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANGELITO, DWIGHT  
1425 BLUFF LOOP  
DUNDEE, FL 33838 US

## Name and Address of New Registered Agent:

ANGELITO, DWIGHT  
1427 GRAMARCY AVE.  
SEBRING, FL 33875 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: DWIGHT ANGELITO

01/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ANGELITO, DWIGHT  
Address: 1425 BLUFF LOOP  
City-St-Zip: DUNDEE, FL 33838

Title: V ( ) Delete  
Name: BIGLANG-AWA, ARIES  
Address: 523 ROSE AVE  
City-St-Zip: SEBRING, FL 33870

Title: S/T ( ) Delete  
Name: RODIS, LYNNE  
Address: 523 ROSE AVE  
City-St-Zip: SEBRING, FL 33870

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ANGELITO, DWIGHT  
Address: 1427 GRAMARCY AVE.  
City-St-Zip: SEBRING, FL 33875

Title: V (X) Change ( ) Addition  
Name: BIGLANG-AWA, ARIES  
Address: 1427 GRAMARCY AVE.  
City-St-Zip: SEBRING, FL 33875

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LYNNE RODIS

S/T

01/08/2007

Electronic Signature of Signing Officer or Director

Date