

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000006265

Entity Name: SILVER CLOUD REHAB INC

FILED
Feb 19, 2008
Secretary of State

Current Principal Place of Business:

4920 SCHOOL RD
LAND O LAKES, FL 34639 US

New Principal Place of Business:

4920 SCHOOL RD
LAND O LAKES, FL 34638 US

Current Mailing Address:

4920 SCHOOL RD
LAND O LAKES, FL 34639 US

New Mailing Address:

4920 SCHOOL RD
LAND O LAKES, FL 34638 US

FEI Number: 02-0668709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, EMMITT H
4920 SCHOOL RD
LAND O LAKES, FL 34639 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: PRES () Delete
Name: BARBER, EMMITT H
Address: 4920 SCHOOL RD
City-St-Zip: LAND O LAKES, FL 34639 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BARBER, EMMITT H
Address: 4920 SCHOOL RD
City-St-Zip: LAND O LAKES, FL 34638 US

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: EMMITT H BARBER

PRES

02/19/2008

Electronic Signature of Signing Officer or Director

Date