

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008380

FILED
Mar 23, 2008
Secretary of State

Entity Name: SPINE & EXTREMITY REHABILITATION CENTER, INC.

Current Principal Place of Business:

1315 DELAWARE AVE
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

4465 NW ALSACE AVE.
PORT SAINT LUCIE, FL 34983

New Mailing Address:

FEI Number: 82-0583484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASHINGTON, BRANDY N
3015 SOUTH 7TH STREET
FORT PIERCE, FL 34949 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: PD () Delete
Name: LUBET, CARY R
Address: 4465 NW ALSACE AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VD () Delete
Name: SMITH WASHINGTON, BRANDY N
Address: 3015 SOUTH 7TH STREET
City-St-Zip: FORT PIERCE, FL 34982

Title: SD () Delete
Name: VELASCO, CLAUDIA E
Address: 4465 NW ALSACE AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CARY R LUBET

PD

03/23/2008

Electronic Signature of Signing Officer or Director

Date