

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000008380

**FILED**  
**Jan 07, 2010**  
**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:**

1107 DELAWARE AVE  
FORT PIERCE, FL 34950

**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  
Name: LUBET, CARY R  
Address: 4465 NW ALSACE AVE.  
City-St-Zip: PORT SAINT LUCIE, FL 34983

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

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

I hereby 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 all other like empowered.

SIGNATURE: CARY R LUBET

PRES

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date