

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000014732

FILED
Apr 30, 2008
Secretary of State

Entity Name: MEDICAL REHABILITATION SPECIALISTS II, INC.

Current Principal Place of Business:

1803 MICCOSUKEE COMMONS DRIVE
SUITE 202
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

1030 NORTH ORANGE AVENUE
SUITE 105
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 04-3755423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYER, ALBERT R
1030 NORTH ORANGE AVENUE
SUITE 105
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

WILLIAMS, AREN A
1030 NORTH ORANGE AVENUE
SUITE 105
ORLANDO, FL 32801 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: AREN WILLIAMS

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LUBINSKY, RANDY
Address: 1030 NORTH ORANGE AVENUE SUITE 105
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: SZPORKA, MARK
Address: 1030 NORTH ORANGE AVENUE SUITE 105
City-St-Zip: ORLANDO, FL 32801

Title: DP () Delete
Name: MAURO, KIRK
Address: 1803 MICCOSUKEE COMMONS DRIVE SUITE 202
City-St-Zip: TALLAHASSEE, FL 32308

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: AREN WILLIAMS

RA

04/30/2008

Electronic Signature of Signing Officer or Director

Date