

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000037625

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: ARCHIE'S REHAB CENTER, INC.

## Current Principal Place of Business:

200 MIAMI AVE  
INDIALANTIC, FL 32903

## New Principal Place of Business:

## Current Mailing Address:

200 MIAMI AVE  
INDIALANTIC, FL 32903

## New Mailing Address:

FEI Number: 13-4241576

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOPES, ARQUIMEDES  
654 16TH STREET  
VERO BEACH, FL 32960 US

## Name and Address of New Registered Agent:

LOPES, ARQUIMEDES  
200 MIAMI AVE  
INDIALANTIC, FL 32903 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:

03/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LOPES, ARQUIMEDES  
Address: 654 16TH STREET  
City-St-Zip: VERO BEACH, FL 32960

Title: VP ( ) Delete  
Name: LOPES, MARIA E  
Address: 654 16TH STREET  
City-St-Zip: VERO BEACH, FL 32960

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LOPES, ARQUIMEDES  
Address: 200 MIAMI AV  
City-St-Zip: INDIALANTIC, FL 32903

Title: VP (X) Change ( ) Addition  
Name: LOPES, MARIA E  
Address: 200 MIAMI AVE  
City-St-Zip: INDIALANTIC, FL 32903

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: MARIA E LOPES

VP

03/11/2009

Electronic Signature of Signing Officer or Director

Date