


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90096 047 ***150.00

DOCUMENT # P03000053617					
1. Entity Name RAMIAH REHABILITATION, INC.					
Principal Place of Business 115 E. GRANADA BLVD. SUITE 1 ORMOND BEACH, FL 32176			Mailing Address 115 E. GRANADA BLVD. SUITE 1 ORMOND BEACH, FL 32176		
2. Principal Place of Business - No P.O. Box # 13 Woodford Lane		3. Mailing Address 13 Woodford Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Palm Coast, FL		City & State Palm Coast, FL		4. FEI Number 45-0515437	
Zip 32164		Country Flagler		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MASBAD, RAYMOND F 115 E. GRANADA BLVD. SUITE 1 ORMOND BEACH, FL 32176			7. Name and Address of New Registered Agent Name Raymond F Masbad Street Address (P.O. Box Number is Not Acceptable) 13 Woodford Lane City Palm Coast FL Zip Code 32164		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASBAD, GINA MARIE 115 E. GRANADA BLVD. SUITE 1 ORMOND BEACH, FL ORMOND BE		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P masbad, Gina Marie 13 Woodford Lane Palm Coast, FL 32164	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MASBAD, RAYMOND F 115 E. GRANADA BLVD. SUITE 1 ORMOND BEACH, FL 32176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S masbad, Raymond F 13 Woodford Lane Palm Coast, FL 32164	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Gina Masbad, President			4/21/08		386 6728547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #