

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000067399

FILED
Mar 26, 2009
Secretary of State

Entity Name: CENTRAL MOBILITY & REHAB EQUIPMENT, INC.

Current Principal Place of Business:

11433 US HWY 441
STE. #2
TAVARES, FL 327784632 US

New Principal Place of Business:

Current Mailing Address:

11433 US HWY 441
STE. #2
TAVARES, FL 327784632 US

New Mailing Address:

FEI Number: 51-0474658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CYRUS, ROBERT R
214-A NORTH THIRD ST.
LEESBURG, FL 34748 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: D () Delete
Name: TORRO, MICHAEL A
Address: 31330 SUNNY MEADOW COURT
City-St-Zip: LEESBURG, FL 34748 US

Title: D () Delete
Name: TORRO, MARIANITA
Address: 31330 SUNNY MEADOW COURT
City-St-Zip: LEESBURG, FL 34748 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARIANITA TORRO

VP

03/26/2009

Electronic Signature of Signing Officer or Director

Date