

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000129292

FILED  
Apr 11, 2008  
Secretary of State

Entity Name: UNITED HEALTH & REHAB OF TAMPA BAY, INC.

**Current Principal Place of Business:**

4726 N HABANA AVE  
203  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 585800  
ORLANDO, FL 32858 US

**New Mailing Address:**

FEI Number: 80-0081744      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARTHELEMY, JOSEPH N  
13002 BROOKFIELD CIR  
ORLANDO, FL 32837 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: P ( ) Delete  
Name: BARTHELEMY, JOSEPH N  
Address: 13002 BROOKFIELD CIR  
City-St-Zip: ORLANDO, FL 32837

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: BARTHELEMY, MICHEL  
Address: 10939 EMERALD CHASE DR  
City-St-Zip: ORLANDO, FL 32836

Title: D ( ) Change (X) Addition  
Name: BARTHELEMY, RUTH D  
Address: 10939 EMERALD CHASE DR  
City-St-Zip: ORLANDO, FL 32836

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: BARTHELEMY JOSEPH

P

04/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date