

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153606

FILED
Apr 28, 2009
Secretary of State

Entity Name: ADVANCED REHAB THERAPY CENTER, INC.

Current Principal Place of Business:

4897 JOG RD
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

4897 JOG RD
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 20-0498735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARANA, ALBERT
1900 VIA CASTELLO
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

ARANA, ALBERT
4897 JOG ROAD
LAKE WORTH, FL 33467 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: _____

Electronic Signature of Registered Agent

04/28/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARANA, ALBERT
Address: 1900 VIA CASTELLO
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ARANA, ALBERT
Address: 4897 JOG ROAD
City-St-Zip: LAKE WORTH, FL 33467

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: ALBERT ARANA

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date