

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000039689

FILED
Jan 17, 2007
Secretary of State

Entity Name: DOCTOR FLORIDA REHABILITATION, INC.

Current Principal Place of Business:

2123 MLK JR BLVD #202
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2123 MLK JR BLVD #202
TAMPA, FL 33607

New Mailing Address:

FEI Number: 20-0801505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACOSTA, ARTENIO
2123 MLK JR BLVD #202
TAMPA, FL 33607 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: ACOSTA, ARTENIO
Address: 2123 MLK JR BLVD #202
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ARTENIO ACOSTA

P

01/17/2007

Electronic Signature of Signing Officer or Director

Date