

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068881

Entity Name: SENIORITY REHAB INC

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

2506 HELENE LN  
TALLAHASSEE, FL 32304

## New Principal Place of Business:

## Current Mailing Address:

2506 HELENE LN  
TALLAHASSEE, FL 32304

## New Mailing Address:

FEI Number: 01-0822438

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIPLIN, LAKEISHA  
2506 HELENE LN  
TALLAHASSEE, FL 32304 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: SIPLIN, LAKEISHA F  
Address: 2506 HELENE LN  
City-St-Zip: TALLAHASSEE, FL 32304 US

Title: V ( ) Delete  
Name: MULLINGS, PHILLIP N  
Address: 2506 HELENE LN  
City-St-Zip: TALLAHASSEE, FL 32304 US

Title: D ( ) Delete  
Name: LAKEISHA F. SIPLIN  
Address: 2506 HELENE LN  
City-St-Zip: TALLAHASSEE, FL 32304 US

Title: S ( ) Delete  
Name: PHILLIP N. MULLINGS  
Address: 2506 HELENE LN  
City-St-Zip: TALLAHASSEE, FL 32304 US

Title: T ( ) Delete  
Name: LAKEISHA F. SIPLIN  
Address: 2506 HELENE LN  
City-St-Zip: TALLAHASSEE, FL 32304 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: LAKEISHA F. SIPLIN

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date