

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000112676

FILED  
Mar 04, 2009  
Secretary of State

**Entity Name:** REHABILITATION ALTERNATIVE THERAPY & SPA CENTER INC

**Current Principal Place of Business:**

551 W 51 PL  
SUITE 305  
HIALEAH, FL 33012

**New Principal Place of Business:**

2040 COLLIER AVE #A  
FT MAYERS, FL 33901

**Current Mailing Address:**

13903 N.W. 67TH AVE.  
SUITE 330  
MIAMI LAKES, FL 33014

**New Mailing Address:**

2040 COLLIER AVE #A  
FT MAYERS, FL 33901

**FEI Number:** 42-1639860

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALVAREZ, LUIS ALEXIS  
8879 NW 169 TERRACE  
HIALEAH, FL 33018 US

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

ALVAREZ, LUIS ALEXIS  
8879 NW 169 TERR  
MIAMI LAKES, FL 33018 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: LUIS ALVAREZ

03/04/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ALVAREZ, LUIS ALEXIS  
Address: 8879 NW 169 TERRACE  
City-St-Zip: HIALEAH, FL 33018

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

Title: P (X) Change ( ) Addition  
Name: ALVAREZ, LUIS ALEXIS  
Address: 8879 NW 169 TERR  
City-St-Zip: MIAMI LAKES, FL 33018

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: LUIS ALVAREZ

P

03/04/2009

Electronic Signature of Signing Officer or Director

Date