

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140919

FILED  
Sep 15, 2010  
Secretary of State

**Entity Name:** BUTTERFLY REHABILITATION OF BELLE GLADES, INC.

**Current Principal Place of Business:**

1504 SW AVE E,  
BELLE GLADES, FL 33430

**New Principal Place of Business:**

745 HARRISON AVENUE  
PANAMA CITY, FL 32401

**Current Mailing Address:**

1504 SW AVE E  
P.O BOX 1866  
BELLE GLADES, FL 33430

**New Mailing Address:**

745 HARRISON AVENUE  
PANAMA CITY, FL 32401

**FEI Number:** 43-2063364

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HEMCHAND, ANDY  
8075 SW 107 AVE  
#306  
MIAMI, FL 33173 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HEMCHAND, ANDY  
Address: 8075 SW 107 AVE #306  
City-St-Zip: MIAMI, FL 33173

I hereby 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 all other like empowered.

SIGNATURE: ANDY HEMCHAND

PD

09/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date