

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063550

FILED  
Jun 22, 2009  
Secretary of State

Entity Name: PALMETTO LAKES THERAPY & REHABILITATION CENTER INC

**Current Principal Place of Business:**

5190 NW 167 ST  
222  
MIAMI GARDENS, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

5190 NW 167 ST  
222  
MIAMI GARDENS, FL 33014

**New Mailing Address:**

FEI Number: 20-2761584      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CUNILL, RICHET L  
9326 NW 120 TERR  
HIALEAH, FL 33018      US

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

CUNILL, RICHET L  
5281 SW 133 AVE  
MIRAMAR, FL 33027      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: RICHET CUNILL

06/22/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: CUNILL, RICHET  
Address: 9326 NW 120 TERR  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: V      ( ) Delete  
Name: CUNILL, MELISSA  
Address: 20415 HIGHLAND LAKES BLVD  
City-St-Zip: MIAMI, FL 33179

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

Title: P      (X) Change ( ) Addition  
Name: CUNILL, RICHET  
Address: 5281 SW 133 AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: V      (X) Change ( ) Addition  
Name: CUNILL, MELISSA  
Address: 5281 SW 133 AVE  
City-St-Zip: MIRAMAR, FL 33027

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: RICHET CUNILL

P

06/22/2009

Electronic Signature of Signing Officer or Director

Date