

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000063550

**FILED**  
**Sep 10, 2010**  
**Secretary of State**

**Entity Name:** PALMETTO LAKES THERAPY & REHABILITATION CENTER INC

**Current Principal Place of Business:**

5803 N.W. 151ST ST., STE 107  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

5803 N.W. 151ST ST., STE 107  
MIAMI LAKES, 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  
5281 SW 133 AVE  
MIRAMAR, FL 33027 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: P  
Name: CUNILL, RICHET  
Address: 5281 SW 133 AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: V  
Name: CUNILL, MELISSA  
Address: 5281 SW 133 AVE  
City-St-Zip: MIRAMAR, FL 33027

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: RICHET CUNILL

PRES

09/10/2010

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

\_\_\_\_\_  
Date