

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000072618

Entity Name: SPECIALIZED REHAB, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

21905 U.S. HIGHWAY 19 NORTH
CLEARWATER, FL 33765

New Principal Place of Business:

894 ISLAND WAY
CLEARWATER, FL 33767

Current Mailing Address:

21905 U.S. HIGHWAY 19 NORTH
CLEARWATER, FL 33765

New Mailing Address:

894 ISLAND WAY
CLEARWATER, FL 33767

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRONIN, MICHAEL T
911 CHESTNUT STREET
CLEARWATER, FL 33756 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: PRES () Delete
Name: RODRIGUEZ, DONNA J
Address: 21905 US HIGHWAY 19 NORTH
City-St-Zip: CLEARWATER, FL 33765

Title: VP () Delete
Name: LAVORE, JOSEPH S
Address: 21905 US HIGHWAY 19 NORTH
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: RODRIGUEZ, DONNA J
Address: 894 ISLAND WAY
City-St-Zip: CLEARWATER, FL 33767

Title: VP (X) Change () Addition
Name: LAVORE, JOSEPH S
Address: 6222 COMMERCIAL WAY
City-St-Zip: BROOKSVILLE, FL 34613

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: MARK TISCHLER

CFO

04/30/2008

Electronic Signature of Signing Officer or Director

Date