

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000096425

FILED
Jan 08, 2009
Secretary of State

Entity Name: AMERICAN REHAB OF KISSIMMEE, INC.

Current Principal Place of Business:

2800 WEST 84 ST, BAY 11
HIALEAH, FL 33018

New Principal Place of Business:

2800 WEST 84 ST,
BAY 11
HIALEAH, FL 33018

Current Mailing Address:

2800 WEST 84 ST, BAY 11
HIALEAH, FL 33018

New Mailing Address:

2800 WEST 84 ST,
BAY 11
HIALEAH, FL 33018

FEI Number: 20-3121896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEYVA, LAURA A
211 WEST CYPRESS ST.
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

LEYVA, LAURA A
2800 WEST 84 ST,
HIALEAH, 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:

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: LEYVA, LAURA A
Address: 211 WEST CYPRESS ST.
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: LEYVA, LAURA A
Address: 2800 WEST 84 ST, .
City-St-Zip: HIALEAH, 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: LAURA A LEYVA

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01/08/2009

Electronic Signature of Signing Officer or Director

Date