

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103553

FILED
Jul 11, 2007
Secretary of State

Entity Name: HEALTH STEPS REHAB., INC.

Current Principal Place of Business:

P.O. BOX 771028
OCALA, FL 344771028

New Principal Place of Business:

119 BAKERS ACRES DRIVE
HAWTHORNE, FL 32640

Current Mailing Address:

P.O. BOX 771028
OCALA, FL 344771028

New Mailing Address:

FEI Number: 20-3213752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANDRUS, ELIZABETH
P.O. BOX 771028
OCALA, FL 34477 US

Name and Address of New Registered Agent:

CORRIGAN, ELIZABETH
119 BAKERS ACRES DRIVE
HAWTHORNE, FL 32640 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: ELIZABETH CORRIGAN

07/11/2007

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: PST () Delete
Name: LANDRUS, ELIZABETH
Address: P.O. BOX 771028
City-St-Zip: OCALA, FL 34477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: CORRIGAN, ELIZABETH
Address: 119 BAKERS ACRES DRIVE
City-St-Zip: HAWTHORNE, FL 32640

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: ELIZABETH CORRIGAN

PSTD

07/11/2007

Electronic Signature of Signing Officer or Director

Date