

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000150482

FILED
Feb 07, 2009
Secretary of State

Entity Name: SANDALWOOD REHABILITATION AND ERGONOMICS INC

Current Principal Place of Business:

7651 SW HIGHWAY 200
#206
OCALA, FL 34476 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 773694
OCALA, FL 344773694

New Mailing Address:

FEI Number: 20-3778829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MODY, KAMAL
4157 SW 103RD STREET ROAD
OCALA, FL 344764165 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: P () Delete
Name: MODY, KAMAL
Address: 4157 SW 103RD STREET ROAD
City-St-Zip: OCALA, FL 344764165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KAMAL MODY

PRES

02/07/2009

Electronic Signature of Signing Officer or Director

Date