

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90020 041 \*\*\*150.00

DOCUMENT # P06000024782

1. Entity Name  
ONE ON ONE REHAB, INC.



Principal Place of Business  
3820 COLONIAL BLVD  
STE 102  
FT. MYERS, FL 33966

Mailing Address  
3820 COLONIAL BLVD  
STE 102  
FT. MYERS, FL 33966

4003000 -



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.  
Ste 103

Suite, Apt. #, etc.  
Ste 103

02112008 Chg-P CR2E034 (12/06)

City & State  
FT Myers FL

City & State  
FT Myers, FL

4. FEI Number  
20-4420843

Applied For  
Not Applicable

Zip  
33966

Country

Zip  
33966

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROJAS, JAMES  
3820 COLONIAL BLVD STE 102  
FT. MYERS, FL 33966

7. Name and Address of New Registered Agent  
Name  
Rojas, James

Street Address (P.O. Box Number is Not Acceptable)

3820 Colonial Blvd Ste 103

City  
FT Myers

FL

Zip  
33966

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
RIVERA, LILIANA P  
3820 COLONIAL BLVD STE 102  
FT. MYERS, FL 33966 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
ROJAS, JAMES  
4508 SW 160 AVE #729  
MIRAMAR, FL 33027 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
ROJAS, JAMES  
3820 COLONIAL BLVD STE 102  
FT. MYERS, FL 33966 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
- President  
RIVERA, Liliana P. ☒ Change ☐ Addition  
3820 Colonial Blvd Ste #103.  
FT Myers, FL 33966

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
- Vice president  
Rojas, James. ☒ Change ☐ Addition  
3820 Colonial Blvd Ste #103.  
FT Myers, FL 33966

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #