

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000041014

**FILED**  
**Jun 14, 2012**  
**Secretary of State**

**Entity Name:** SPECTRUM REHABILITATION AND WELLNESS, INC.

**Current Principal Place of Business:**

1012 EMMETT ST  
C  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

1012 EMMETT STEET  
KISSIMMEE, FL 34741

**New Mailing Address:**

1012 EMMETT STEET  
C  
KISSIMMEE, FL 34741

**FEI Number:** 20-4534408

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEDINA, MANUEL  
1012 EMMETT STREET  
KISSIMMEE, FL 34741 US

**Name and Address of New Registered Agent:**

MCDERMOTT, ROBERT E  
1012 EMMETT STREET  
C  
KISSIMMEE, FL 34741 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:** ROBERT E. MCDERMOTT

06/14/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** MEDINA, MANUEL V  
**Address:** 1012 EMMETT STREET SUITE C  
**City-St-Zip:** KISSIMMEE, FL 34741

**Title:** PRES  
**Name:** MCDERMOTT, ROBERT E  
**Address:** 1012 EMMETT STREET SUITE C  
**City-St-Zip:** KISSIMMEE, FL 34741

I hereby 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 all other like empowered.

**SIGNATURE:** ROBERT E. MCDERMOTT

PRES

06/14/2012

Electronic Signature of Signing Officer or Director

Date