

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000088234

FILED  
Jun 29, 2008  
Secretary of State

Entity Name: PALM BAY THERAPY& REHAB , INC

## Current Principal Place of Business:

1516 PALM BAY RD, NE. SUITE #1  
SUITE #1  
PALM BAY,, FL 32905

## New Principal Place of Business:

2393 SOUTH CONGRESS AVE  
SUITE 200  
WEST PALM BEACH, FL 33406

## Current Mailing Address:

228 NORTH C STREET  
SUITE #1  
LAKE WORTH, FL 33460

## New Mailing Address:

2393 SOUTH CONGRESS AVE  
SUITE 200  
WEST PALM BEACH, FL 33406

FEI Number: 02-0781683

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARC-EUGENE, ABDONEL  
228 NORTH C STREET  
SUITE #1  
LAKE WORTH, FL 33460 US

## Name and Address of New Registered Agent:

ANDRE, AMOS  
10546 GALLERIA ST  
WELLINGTON, FL 33414 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: AMOS ANDRE

06/29/2008

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: P ( ) Delete  
Name: MARC-EUGENE, ABDONEL  
Address: 228 NORTH C STREET #1  
City-St-Zip: LAKE WORTH, FL 33460

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ANDRE, AMOS  
Address: 10546 GALLERIA ST  
City-St-Zip: WELLINGTON, FL 33414

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: AMOS ANDRE

P

06/29/2008

Electronic Signature of Signing Officer or Director

Date