

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000090535

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: ISSA REHAB SERVICES CORP.

## Current Principal Place of Business:

4126 HEMMINGWAY DR.  
VENICE, FL 34293

## New Principal Place of Business:

4126 HEMMINGWAY DR.  
VENICE, FL 34293

## Current Mailing Address:

4126 HEMMINGWAY DR.  
VENICE, FL 34293

## New Mailing Address:

4126 HEMMINGWAY DR.  
VENICE, FL 34293

FEI Number: 20-5200297

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAAVEDRA, GUILLERMO  
4126 HEMMINGWAY DR.  
VENICE, FL 34293 US

## Name and Address of New Registered Agent:

SAAVEDRA, GUILLERMO  
4126 HEMMINGWAY DR.  
VENICE, FL 34293 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:

04/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DE LA OSSA, PATRICIA  
Address: 4126 HEMMINGWAY DR.  
City-St-Zip: VENICE, FL 34293

Title: V ( ) Delete  
Name: SAAVEDRA, GUILLERMO  
Address: 4126 HEMMINGWAY DR.  
City-St-Zip: VENICE, FL 34293

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GUILLERMO SAAVEDRA

MR.

04/19/2009

Electronic Signature of Signing Officer or Director

Date