2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2010
Secretary of State

DOCUMENT# P06000139348

Entity Name: REHABILITATION HOSPITAL OF SARASOTA, INC.

FILING CANCELLED
RETURNED CHECK

Current Principal Place of Business:

3251 PROCTOR ROAD
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

1180 PONCE DE LEON BLVD
SUITE 201
CLEARWATER, FL 33756

New Mailing Address:

1180 PONCE DE LEON BLVD
SUITE 101
CLEARWATER, FL 33756

FEI Number: 59-6754322 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARTLETT, CHARLES J ESQ.
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237 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

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: DCEO
Name: BUCKLES, JR., WILLIAM G
Address: 1180 PONCE DELEON BLVD 101
City-St-Zip: CLEARWATER, FL 33756

Title: P
Name: BUCKLES, JR., WILLIAM G
Address: 1180 PONCE DELEON BLVD 101
City-St-Zip: CLEARWATER, FL 33756

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: WILLIAM BUCKLES, JR DCEO 05/03/2010

Electronic Signature of Signing Officer or Director Date