

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000005972

FILED
Jan 03, 2008
Secretary of State

Entity Name: PLANT CITY REHAB & WELLNESS CENTER, INC.

Current Principal Place of Business:

1507 S. ALEXANDER ST., STE. 102
ALEXANDER OAK OFFICE PARK
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

1507 S. ALEXANDER ST., STE. 102
ALEXANDER OAK OFFICE PARK
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: 22-3951416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

VECINA, MONINA R RPT
1507 S ALEXANDER ST.
SUITE 102
PLANT CITY, FL 33563 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: MONINA R VECINA

01/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: GAUDET, MARY A.
Address: 1507 S. ALEXANDER ST., STE. 102
City-St-Zip: PLANT CITY, FL 33563

Title: V () Delete
Name: HALL, MONINA V.
Address: 1507 S. ALEXANDER ST., STE. 102
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: VECINA, MONINA R RPT
Address: 1507 S. ALEXANDER ST., STE. 102
City-St-Zip: PLANT CITY, FL 33563

Title: V (X) Change () Addition
Name: GAUDET, MARY A
Address: 1507 S. ALEXANDER ST., STE. 102
City-St-Zip: PLANT CITY, FL 33563

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: MONINA R VECINA

DPST

01/03/2008

Electronic Signature of Signing Officer or Director

Date