2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000005972

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

FILED Apr 16, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1507 S. ALEXANDER ST., STE. 102

ALEXANDER OAK OFFICE PARK

ALEXANDER OAK OFFICE PARK

ALEXANDER OAK OFFICE PARK

PLANT CITY, FL 33563 PLANT CITY, FL 33563

Current Mailing Address: New Mailing Address:

1507 S. ALEXANDER ST., STE. 102 ALEXANDER OAK OFFICE PARK PLANT CITY, FL 33563 1503 S. ALEXANDER ST., STE. 102 ALEXANDER OAK OFFICE PARK PLANT CITY, FL 33563

FEI Number: 22-3951416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

VECINA, MONINA R RPT
1503 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 04/16/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD

Name: HALL, TONY

Address: 1503 S. ALEXANDER ST., STE. 102

City-St-Zip: PLANT CITY, FL 33563

Title: VSD

Name: HALL, MONINA V

Address: 1503 S. ALEXANDER ST., STE. 102

City-St-Zip: PLANT CITY, FL 33563

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: TONY HALL PRES 04/16/2010