

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000011358

FILED
Feb 27, 2008
Secretary of State**Entity Name:** REHAB MATTERS HOMEHEALTH INC.**Current Principal Place of Business:**13540 N. FLORIDA AVE, SUITE 202A
TAMPA, FL 33613**New Principal Place of Business:****Current Mailing Address:**13540 N FLORIDA AVE.
SUITE 202A
TAMPA, FL 33613**New Mailing Address:****FEI Number:** 01-0883078**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BLADUEL, HARRIET
13540 N FLORIDA AVE.
SUITE202A
TAMPA, FL 33613 US**Name and Address of New Registered Agent:**BLADUELL, HARRIET
13540 N FLORIDA AVE.
SUITE202A
TAMPA, FL 33613 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: HARRIET BLADUELL

02/27/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUIZ, GRISEL
Address: 6315 GANT RD.
City-St-Zip: TAMPA, FL 33625

Title: S () Delete
Name: BLADUEL, HARRIET
Address: 16003 PENWOOD DR
City-St-Zip: TAMPA, FL 33647

Title: EVP () Delete
Name: CHERPAK, CORRINE
Address: 16610 BLENHEIM DR
City-St-Zip: LUTZ, FL 33549

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: BLADUELL, HARRIET
Address: 16003 PENWOOD DR
City-St-Zip: TAMPA, FL 33647

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

Title: CFO () Change (X) Addition
Name: ROTEA, FERMIN
Address: 16019 MUIRFIELD DRIVE
City-St-Zip: ODESSA, FL 33556

Title: D () Change (X) Addition
Name: COYA, GREGORY
Address: 4517 CLARKWOOD COURT
City-St-Zip: LAND O LAKES, FL 34639

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: FERMIN ROTEA

CFO

02/27/2008

Electronic Signature of Signing Officer or Director

Date