

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000011358

FILED  
Mar 03, 2009  
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:

4321 GUNN HIWAY  
TAMPA, FL 33618

## Current Mailing Address:

13540 N FLORIDA AVE.  
SUITE 202A  
TAMPA, FL 33613

## New Mailing Address:

4321 GUNN HIWAY  
TAMPA, FL 33618

FEI Number: 01-0883078

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLADUELL, HARRIET  
13540 N FLORIDA AVE.  
SUITE202A  
TAMPA, FL 33613 US

## Name and Address of New Registered Agent:

BLADUELL, HARRIET  
16003 PENWOOD DR  
TAMPA, FL 33647 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:

03/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: FERMIN ROTEA

CFO

03/03/2009

Electronic Signature of Signing Officer or Director

Date