2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2010
Secretary of State

DOCUMENT# P07000011358

Entity Name: REHAB MATTERS HOMEHEALTH INC.

Current Principal Place of Business:

4321 GUNN HIWAY
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

4321 GUNN HIWAY
TAMPA, FL 33618

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:

BLADUELL, HARRIET
16003 PENWOOD DR
TAMPA, FL 33647 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: P
Name: RUIZ, GRISEL
Address: 6315 GANT RD.
City-St-Zip: TAMPA, FL 33625

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

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

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

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: HARRIET BLADUELL S 05/03/2010

Electronic Signature of Signing Officer or Director Date