

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000011358

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** REHAB MATTERS HOMEHEALTH INC.

**Current Principal Place of Business:**

4321 GUNN HIWAY  
TAMPA, FL 33618

**New Principal Place of Business:**

4321 GUNN HIWAY  
TAMPA, FL 33618 UN

**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

**OFFICERS AND DIRECTORS:**

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

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

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: FERMIN ROTEA

PD

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date