2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # P07000015168** 1. Entity Name WEST COAST THERAPY AND REHABILITATION CENTER, INC. 2008 APR 23 PH 1: 73 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE. FLORIDA 3899 NW 7 ST 3899 NW 7 ST MIAML FL 33126 MIAMI, FL 33126 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222008 Chg-P CR2E034 (12/06) 4. FEI Number City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMO, JOSE L Street Address (P.O. Box Number is Not Acceptable) 3899 NW 7 ST MIAMI, FL 33126 City Zip Code 8. 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition SIMO, JOSE L NAME NAME STREET ADDRESS **206 NW 9 TERR** STREET ADORESS CITY-ST-ZIP CITY-ST-7/P CAPE CORAL, FL 33993 ☐ Delete TITLE TITLE Change Addition 100125316521 04/23/08--01033--022 **1 NAME NAME STREET ADDRESS STREET ADORESS **150.00 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY+ST-7P TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TETLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 orfusivele empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. SIGNATURE: E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone