


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90033 006 ***150.00

DOCUMENT # P07000055855	
1. Entity Name THE REHAB INSTITUTE OF SOUTH FLORIDA, INC.	

Principal Place of Business 906-B FEDERAL HWY BOYNTON BEACH, FL 33435	Mailing Address 13455 MILITARY TRAIL SUITE B DELRAY BEACH, FL 33484
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60024721



2. Principal Place of Business - No P.O. Box # 13455 MILITARY TRAIL	3. Mailing Address
Suite, Apt. #, etc. SUITE B	Suite, Apt. #, etc.
City & State DELRAY BEACH, FL.	City & State
Zip 33484	Country U.S.A.

02062008 Chg-P CR2E034 (12/06)

4. FEI Number 651004902	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent INGUANZO-MARTIN, ROSELIA 906-B FEDERAL HWY BOYNTON BEACH, FL 33435	7. Name and Address of New Registered Agent Name INGUANZO-MARTIN, ROSELIA Street Address (P.O. Box Number is Not Acceptable) 13455 MILITARY TRAIL SUITE B DELRAY BEACH, FL 33484
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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. I am 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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MARTIN, III, JOSEPH L 906-B FEDERAL HWY BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MARTIN, III, JOSEPH L. 13455 MILITARY TRAIL SUITE B DELRAY BEACH, FL. 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 or trustee 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: *Rosie Martin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-08 561-498-5000
Date Daytime Phone #