

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000058982

FILED  
Sep 13, 2008  
Secretary of State

Entity Name: FLORIDA REHABILITATION GROUP, INC.

**Current Principal Place of Business:**

30741 PUMPKIN RIDGE DRIVE  
WESLEY CHAPEL, FL 33563

**New Principal Place of Business:**

30741 PUMPKIN RIDGE DRIVE  
WESLEY CHAPEL, FL 33543

**Current Mailing Address:**

30741 PUMPKIN RIDGE DRIVE  
WESLEY CHAPEL, FL 33563

**New Mailing Address:**

P.O. BOX 7353  
WESLEY CHAPEL, FL 33545

FEI Number: 42-1729280

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TAYLOR, KAROLYN  
30741 PUMPKIN RIDGE DRIVE  
WESLEY CHAPEL, FL 33563 US

**Name and Address of New Registered Agent:**

KEINA, KAROLYN  
30741 PUMPKIN RIDGE DRIVE  
WESLEY CHAPEL, FL 33543 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: KAROLYN KEINA

09/13/2008

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: PS ( ) Delete  
Name: KEINA, KAROLYN  
Address: 30741 PUMPKIN RIDGE DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33563

Title: TVP ( ) Delete  
Name: TAYLOR, JOHN  
Address: 30741 PUMPKIN RIDGE DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33563

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: KEINA, KAROLYN  
Address: 30741 PUMPKIN RIDGE DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: TVP (X) Change ( ) Addition  
Name: TAYLOR, JOHN  
Address: 30741 PUMPKIN RIDGE DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33543

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: KAROLYN KEINA

PS

09/13/2008

Electronic Signature of Signing Officer or Director

Date