

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000058982

FILED
Jun 18, 2009
Secretary of State

Entity Name: FLORIDA REHABILITATION GROUP, INC.

Current Principal Place of Business:

30741 PUMPKIN RIDGE DRIVE
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7353
WESLEY CHAPEL, FL 33545

New Mailing Address:

FEI Number: 42-1729280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

06/18/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date