

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000001236

Entity Name: STEPS REHABILITATION, INC.

FILED  
Feb 05, 2009  
Secretary of State

## Current Principal Place of Business:

671 NW 172ND TERRACE  
HOLLYWOOD, FL 33029

## New Principal Place of Business:

671 NW 172ND TERRACE  
PEMBROKE PINES, FL 33029

## Current Mailing Address:

671 NW 172ND TERRACE  
HOLLYWOOD, FL 33029

## New Mailing Address:

671 NW 172ND TERRACE  
PEMBROKE PINES, FL 33029

FEI Number: 26-1693789

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MONTOTO, MARIA S  
671 NW 172ND TERRACE  
HOLLYWOOD, FL 33029 US

## Name and Address of New Registered Agent:

MONTOTO, MARIA S  
671 NW 172ND TERRACE  
PEMBROKE PINES, FL 33029 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:

02/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: MONTOTO, MARIA S  
Address: 671 NW 172ND TERRACE  
City-St-Zip: HOLLYWOOD, FL 33029

Title: S (X) Delete  
Name: MUDRYJO, EMMANUEL B  
Address: 671 NW 172ND TERRACE  
City-St-Zip: HOLLYWOOD, FL 33029

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: MONTOTO, MARIA S  
Address: 671 NW 172ND TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029

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: MARIA SUSANA MONTOTO

PS

02/05/2009

Electronic Signature of Signing Officer or Director

Date