

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000001278

FILED
Apr 13, 2009
Secretary of State

Entity Name: SPIRIT REHABILITATION, INC.

Current Principal Place of Business:

12384 SW 87TH STREET
DUNNELLON, FL 34432 US

New Principal Place of Business:

Current Mailing Address:

12384 SW 87TH STREET
DUNNELLON, FL 34432 US

New Mailing Address:

FEI Number: 26-1688487 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRAY, MARY A
1647 W. GULF TO LAKE HWY
LECANTO, FL 34461 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCDERMOTT, PATRICK
Address: 12384 SW 87TH STREET
City-St-Zip: DUNNELLON, FL 34432 US

Title: VP () Delete
Name: NJUGUNA, JAMES
Address: 6226 SW 80TH STREET
City-St-Zip: OCALA, FL 34476 US

Title: VP () Delete
Name: AVERY, VALERIE
Address: 7194 N HEATHER DRIVE
City-St-Zip: CITRUS SPRINGS, FL 34433 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: VALERIE LOUISE AVERY, VP

VP

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date