2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# P08000012849

Entity Name: GAITWAY HEALTH AND REHABILITATION SERVICES, INC.

Current Principal Place of Business:

951 NW 13TH STREET
STE 2C
BOCA RATON, FL 33486

New Principal Place of Business:

951 NW 13TH STREET
SUITE 2C
BOCA RATON, FL 33486

Current Mailing Address:

951 NW 13TH STREET
STE 2C
BOCA RATON, FL 33486

New Mailing Address:

951 NW 13TH STREET
SUITE 2C
BOCA RATON, FL 33486

FEI Number: 35-2325507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHER, ANDREA
21537 WOODSTREAM TERR
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

JOYCE, BARBARA J P
951 NW 13TH STREET
SUITE 2C
BOCA RATON, FL 33486 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: BARBARA J. JOYCE 03/09/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VPTS ( ) Delete
Name: JOYCE, BARBARA
Address: 1711 AREZZO CIRCLE
City-St-Zip: BOYNTON BCH, FL 33436

Title: P ( ) Delete
Name: JOYCE, BARBARA
Address: 1711 AREZZO CIRCLE
City-St-Zip: BOYNTON BCH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPTS (X) Change ( ) Addition
Name: JOYCE, BARBARA J
Address: 1711 AREZZO CIRCLE
City-St-Zip: BOYNTON BCH, FL 33436

Title: P (X) Change ( ) Addition
Name: JOYCE, BARBARA J
Address: 1711 AREZZO CIRCLE
City-St-Zip: BOYNTON BCH, FL 33436

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: BARBARA J. JOYCE P 03/09/2009
Electronic Signature of Signing Officer or Director Date