2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000026415

6361 NW 58TH WAY

City-St-Zip: PARKLAND, FL 33067 US

Address:

Entity Name: SOUTH FLORIDA REHABILITATION & SPA, INC

FILED Mar 25, 2009 Secretary of State

Current P	rincipal Plac	ce of Business:	New Principal Place	New Principal Place of Business:	
6361 NW 5			3940 METRO PARKV	VAY	
PARKLAN	D, FL 33067	US	105 FORT MYERS, FL 33	3916 US	
Current M	ailing Addre	ess:	New Mailing Addres	New Mailing Address:	
6361 NW 5 PARKLAN	58TH WAY D, FL 33067	US	3940 METRO PARKV 105 FORT MYERS, FL 33		
FEI Number:	33-1209555	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
LUNA, RE 6361 NW 5 PARKLAN		US			
	named entity of Florida.	y submits this statement for the	e purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	onic Signature of Registered A	gent	Date	
Election Car	npaign Financi	ing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (LUNA, REGIA 6361 NW 581 PARKLAND, I	TH WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	P (() Delete	Title: P	(X) Change () Addition	

313 ADAMS ST

City-St-Zip: NEWARK, NJ 07105 US

Address:

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: REGIANE LUNA P 03/25/2009