

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000045176

FILED
Mar 20, 2009
Secretary of State

Entity Name: BAY AREA REHABILITATION CENTER, INC.

Current Principal Place of Business:

7219 BENJAMIN ROAD
D
TAMPA, FL 33634

New Principal Place of Business:

7219 BENJAMIN ROAD
D
TAMPA, FL 33634 US

Current Mailing Address:

7219 BENJAMIN ROAD
D
TAMPA, FL 33634

New Mailing Address:

7219 BENJAMIN ROAD
D
TAMPA, FL 33634 US

FEI Number: 26-2558975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHACON, VANESSA
7219 BENJAMIN ROAD
D
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

LEON, CHRISTOPHER
7219 BENJAMIN ROAD
D
TAMPA, FL 33634 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: CHRISTOPHER LEON

03/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ESPOSITO, ANTHONY P
Address: 7219 BENJAMIN ROAD, #D
City-St-Zip: TAMPA, FL 33634

Title: VP (X) Delete
Name: CHACON, VANIESSA
Address: 7219 BENJAMIN ROAD, #D
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHRISTOPHER, LEON
Address: 7219 BENJAMIN ROAD, #D
City-St-Zip: TAMPA, FL 33634 US

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: CHRISTOPHER LEON

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date