

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000048236

FILED
Mar 31, 2009
Secretary of State

Entity Name: ORLANDO MEDICAL & REHAB CENTER INC.

Current Principal Place of Business:

1277 NORTH SEMORAN BLVD.
STE 101
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

1277 NORTH SEMORAN BLVD.
STE 101
ORLANDO, FL 32807

New Mailing Address:

FEI Number: 26-2602215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, MAYKEL
5350 CURRY FORD ROAD
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

LOPEZ, MAYKEL
1277 N.SEMORAN BLVD.
SUITE 101
ORLANDO, FL 32807 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: MAYKEL LOPEZ 03/31/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOPEZ, MAYKEL
Address: 5350 CURRY FORD ROAD
City-St-Zip: ORLANDO, FL 32812

Title: VP () Delete
Name: AMARO, YUSDANIA
Address: 1511 W KNOLLWOOD ST
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: MIRANDA, LUIS G
Address: 3105 MAGDALENE FOREST CT
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOPEZ, MAYKEL
Address: 1277 N. SEMORAN BLVD SUITE 101
City-St-Zip: ORLANDO, FL 32807

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: MAYKEL LOPEZ P 03/31/2009

Electronic Signature of Signing Officer or Director Date