

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000091858

FILED  
Jan 05, 2010  
Secretary of State

**Entity Name:** REHABILITATION CENTER OF ST PETERSBURG INC

**Current Principal Place of Business:**

435 42ND AVE S  
ST PETERSBURG, FL 33705

**New Principal Place of Business:**

**Current Mailing Address:**

435 42ND AVE S  
ST PETERSBURG, FL 33705

**New Mailing Address:**

**FEI Number:** 26-3504055

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WARREN, JOHN E  
3611 TRANSMITTER RD  
PANAMA CITY, FL 32404 US

**Name and Address of New Registered Agent:**

WARREN, JOHN E  
3413 DRAGON RIDGE RD  
PANAMA CITY, FL 32408 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:** JOHN WARREN

01/05/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPT  
**Name:** WARREN, JOHN E  
**Address:** PO BOX 27122  
**City-St-Zip:** PANAMA CITY, FL 32408

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN WARREN

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01/05/2010

Electronic Signature of Signing Officer or Director

Date