2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2010
Secretary of State

DOCUMENT# P08000093573

Entity Name: PHYSICAL REHAB CENTER, INC

Current Principal Place of Business:

1936 WEST MARTIN LUTHER KING BLVD
SUITE 206
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

1936 WEST MARTIN LUTHER KING BLVD
SUITE 206
TAMPA, FL 33607

New Mailing Address:

FEI Number: 26-3542429 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SARDUY, LISVEIDYS VP
1936 WEST MARTIN LUTHER KING BLVD
SUITE 206
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: ACOSTA, EMMANUEL G
Address: 1936 WEST MARTIN LUTHER KING BLVD, ST 206
City-St-Zip: TAMPA, FL 33607

Title: VP
Name: SARDUY, LISVEIDYS
Address: 1936 WEST MARTIN LUTHER KING BLVD, ST 206
City-St-Zip: TAMPA, FL 33607

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: LISVEIDYS SARDUY VP 04/01/2010

Electronic Signature of Signing Officer or Director Date