

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000106171

FILED
Apr 30, 2009
Secretary of State

Entity Name: REHAB BUSINESS SOLUTIONS, INC.

Current Principal Place of Business:

584 CAPTAIN HENDRY DRIVE
LABELLE, FL 33935

New Principal Place of Business:

13723 JETPORT COMMERCE PARKWAY
#9
FORT MYERS, FL 33913

Current Mailing Address:

584 CAPTAIN HENDRY DRIVE
LABELLE, FL 33935

New Mailing Address:

13723 JETPORT COMMERCE PARKWAY
#9
FORT MYERS, FL 33913

FEI Number: 26-3819792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRISHKOFF, MARGARITA M
584 CAPTAIN HENDRY DRIVE
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

GRISHKOFF, MARGARITA M
13723 JETPORT COMMERCE PARKWAY
#9
FORT MYERS, FL 33913 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: MARGARITA M. GRISHKOFF

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, S () Delete
Name: GRISHKOFF, MARGARITA M
Address: 584 CAPTAIN HENDRY DRIVE
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, S (X) Change () Addition
Name: GRISHKOFF, MARGARITA M
Address: 13723 JETPORT COMMERCE PARKWAY #9
City-St-Zip: FORT MYERS, FL 33913

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: MARGARITA M. GRISHKOFF

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date