

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000086368

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** HEALTH AND REHAB OF JOHN YOUNG, INC.

**Current Principal Place of Business:**

2400 SILVER STAR RD  
SUITE C  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

**Current Mailing Address:**

2400 SILVER STAR RD  
SUITE C  
ORLANDO, FL 32804 US

**New Mailing Address:**

5130 MAJESTIC WOODS PLACE  
SANFORD, FL 32771 US

**FEI Number:** 27-1130881

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MENZIES, PAUL W DOCTOR  
4522 CLARACONA OCOEE ROAD  
SUITE 200  
ORLANDO FLORIDA, FL 32810 US

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

MENZIES, PAUL W DOCTOR  
5130 MAJESTIC WOODS PLACE  
SANFORD, FL 32771 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:**

04/28/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MENZIES, PAUL W  
Address: 5130 MAJESTIC WOODS PLACE  
City-St-Zip: SANFORD, FL 32771 US

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:** PAUL W. MENZIES

PRES

04/28/2010

Electronic Signature of Signing Officer or Director

Date