

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000098442

Entity Name: COLONIAL REHAB CENTER INC.

FILED
Jul 06, 2010
Secretary of State

Current Principal Place of Business:

4531 DE LEON ST.,SUITE 203
FT. MYERS, FL 33907

New Principal Place of Business:

4531 DE LEON ST.,SUITE 205-A
FT. MYERS, FL 33907

Current Mailing Address:

4531 DE LEON ST.,SUITE 203
FT. MYERS, FL 33907

New Mailing Address:

4531 DE LEON ST.,SUITE 205-A
FT. MYERS, FL 33907

FEI Number: 27-1435541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CECCARELLI, HARRIETTA
4531 DE LEON ST.,SUITE 203
FT. MYERS, FL 33907 US

Name and Address of New Registered Agent:

CECCARELLI, HARRIETTA
4531 DE LEON ST.,SUITE 205-A
FT. MYERS, FL 33907 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: CECCARELLI HARRIETTA

07/06/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CECCARELLI, HARRIETTA
Address: 4531 DE LEON ST.,SUITE 205-A
City-St-Zip: FT. MYERS, FL 33907

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: CECCARELLI HARRIETTA

PD

07/06/2010

Electronic Signature of Signing Officer or Director

Date