

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10167

FILED
Mar 16, 2009
Secretary of State

Entity Name: GREAT NORTHERN REHAB, P.C.

Current Principal Place of Business:

N 10565 GRANDVIEW LANE
IRONWOOD, MI 49938 US

New Principal Place of Business:

Current Mailing Address:

2140 NE 36TH AVENUE
BLDG 300
OCALA, FL 34470 US

New Mailing Address:

1190 S.E. 17TH STREET
OCALA, FL 34471 US

FEI Number: 38-2238003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUTES, RICHARD
2140 NE 36TH AVENUE
BLDG 300
OCALA, FL 34471 US

Name and Address of New Registered Agent:

SHUTES, RICHARD
1190 SE 17TH STREET
OCALA, FL 34471 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:

03/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: SHUTES, RICHARD
Address: 2584 NEWFOUND HARBOR DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VD () Delete
Name: SHUTES, ELIZABETH
Address: 2584 NEWFOUND HARBOR DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DEBBIE TAYLOR

ASST

03/16/2009

Electronic Signature of Signing Officer or Director

Date