

# **2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000007108

Entity Name: REHAB PARTNERS, INC.

**FILED**  
**Mar 09, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

201 W BRITAIN STREET  
HERNANDO, FL 34442 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 66  
CRYSTAL RIVER, FL 34423 US

**New Mailing Address:**

FEI Number: 59-3151616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEARCY, DONNA  
201 W BRITAIN STREET  
HERNANDO, FL 34442 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: PST ( ) Delete  
Name: PEARCY, DONNA  
Address: P.O. BOX 66  
City-St-Zip: CRYSTAL RIVER, FL 34423

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: DONNA PEARCY

PRES

03/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date