

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90458 044 \*\*\*150.00

**DOCUMENT # P93000007158**

1. Entity Name

REHAB SPECIALISTS INC. - WINTER HAVEN



Principal Place of Business

303 SECURITY SQUARE  
WINTER HAVEN FL 33880

Mailing Address

303 SECURITY SQUARE  
WINTER HAVEN FL 33880

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3165080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SORIANO, EDWIN M  
303 SECURITY SQUARE  
WINTER HAVEN FL 33880

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SORIANO, EDWIN M	
STREET ADDRESS	2525 E LAKE HARTRIDGE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LADIA, AMOR	
STREET ADDRESS	1829 6TH ST SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	PASCUAL, JAMES K	
STREET ADDRESS	924 S. HERON CIRCLE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAUTISTA, JESSIE Z.	
STREET ADDRESS	310 E. CAMPHOR ST	
CITY-ST-ZIP	AVON PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEDINA, ACE S	
STREET ADDRESS	211 S LAKE FLORENCE DR	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04 (863) 412-9009

Date

Daytime Phone #