


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90061 028 ***150.00

DOCUMENT # P93000007158	
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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 - No P.O. Box #
141 Ave. C, SW

3. Mailing Address
141 Ave. C, SW

Suite, Apt. #, etc.
Suite 150

Suite, Apt. #, etc.
Suite 150

City & State
Winter Haven, FL

City & State
Winter Haven, FL

Zip
33880

Country

Zip
33880

Country

03302007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3165080

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

**SORIANO, EDWIN M
303 SECURITY SQUARE
WINTER HAVEN, FL 33880**

7. Name and Address of New Registered Agent

Name

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

141 Ave. C, SW

Suite 150

City
Winter Haven

FL

Zip Code
33880

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SORIANO, EDWIN M
2625 E LAKE HARTRIDGE
WINTER HAVEN, FL 33881**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
LADIA, AMOR
1829 6TH ST SE
WINTER HAVEN, FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MEDINA, ACE S
211 S LAKE FLORENCE DR
WINTER HAVEN, FL 33884**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1100 Martinique Dr., Ste 108
Winter Haven, FL 33884**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Amor M. Ladia**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-06