

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000007158

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: REHAB SPECIALISTS INC. - WINTER HAVEN

## Current Principal Place of Business:

141 AVE. C, SW  
SUITE 150  
WINTER HAVEN, FL 33880

## New Principal Place of Business:

## Current Mailing Address:

141 AVE. C, SW  
SUITE 150  
WINTER HAVEN, FL 33880

## New Mailing Address:

FEI Number: 59-3165080

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SORIANO, EDWIN M  
141 AVE. C, SW  
SUITE 150  
WINTER HAVEN, FL 33880 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: PD ( ) Delete  
Name: SORIANO, EDWIN M  
Address: 1100 MARTINIQUE DR., STE 108  
City-St-Zip: WINTER HAVEN, FL 33884

Title: VPD ( ) Delete  
Name: LADIA, AMOR  
Address: 1829 6TH ST SE  
City-St-Zip: WINTER HAVEN, FL

Title: D ( ) Delete  
Name: MEDINA, ACE S  
Address: 211 S LAKE FLORENCE DR  
City-St-Zip: WINTER HAVEN, FL 33884

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: MEDINA, ACE STERLING R  
Address: 211 S LAKE FLORENCE DR  
City-St-Zip: WINTER HAVEN, FL 33884

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: AMOR M. LADIA

VP

04/03/2009

Electronic Signature of Signing Officer or Director

Date