

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000007158

FILED
May 20, 2011
Secretary of State

Entity Name: REHAB SPECIALISTS INC. - WINTER HAVEN

Current Principal Place of Business:

537 E. CENTRAL AVE.
SUITE A
WINTER HAVEN, FL 33880

New Principal Place of Business:

400 AVE. K, S.E.
SUITE 9
WINTER HAVEN, FL 33880

Current Mailing Address:

P.O. BOX 7207
WINTER HAVEN, FL 33883

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
537 E. CENTRAL AVE.
SUITE A
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

SORIANO, EDWIN M
400 AVE. K, S.E.
SUITE 9
WINTER HAVEN, FL 33880 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:

Electronic Signature of Registered Agent

05/20/2011

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SORIANO, EDWIN M
Address: 1100 MARTINIQUE DR., STE 108
City-St-Zip: WINTER HAVEN, FL 33884

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

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

I hereby 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 all other like empowered.

SIGNATURE: AMOR M. LADIA

VPD

05/20/2011

Electronic Signature of Signing Officer or Director

Date