

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000007158

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** REHAB SPECIALISTS INC. - WINTER HAVEN

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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  
400 AVE. K, S.E.  
SUITE 9  
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

**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

04/24/2012

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

\_\_\_\_\_  
Date