

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000002606

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: RENEWAL REHABILITATION, INC.

## Current Principal Place of Business:

613 S. MAGNOLIA AVE.  
STE 2  
TAMPA, FL 33606

## New Principal Place of Business:

## Current Mailing Address:

613 S. MAGNOLIA AVE.  
STE 2  
TAMPA, FL 33606 US

## New Mailing Address:

613 S. MAGNOLIA AVE.  
STE 2  
TAMPA, FL 33606

FEI Number: 59-3218012

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANASTASAS, MICHAEL A  
613 S MAGNOLIA AVE  
STE 2  
TAMPA, FL 33606 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: DPS ( ) Delete  
Name: ANASTASAS, MICHAEL A  
Address: 613 S. MAGNOLIA AVE., STE. 2  
City-St-Zip: TAMPA, FL 33606

Title: VP ( ) Delete  
Name: TODD, GREGORY A  
Address: 613 S. MAGNOLIA AVE., STE. 2  
City-St-Zip: TAMPA, FL 33606

Title: T ( ) Delete  
Name: AUSTIN, JANET F  
Address: 613 S. MAGNOLIA AVE., STE.2  
City-St-Zip: TAMPA, FL 33606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JANET F. AUSTIN

TRES

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date