

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000002606

FILED
Apr 04, 2012
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

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

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

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

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: MICHAEL A. ANASTASAS

DPS

04/04/2012

Electronic Signature of Signing Officer or Director

Date