

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000085398

FILED  
Mar 11, 2010  
Secretary of State

**Entity Name:** REGIONAL REHABILITATION SERVICES, P.A.

**Current Principal Place of Business:**

4705 ALT 19  
SUITE A  
PALM HARBOR, FL 34683 US

**New Principal Place of Business:**

**Current Mailing Address:**

4705 ALT 19  
SUITE A  
PALM HARBOR, FL 34683 US

**New Mailing Address:**

**FEI Number:** 59-3283075

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAKELLARIDES, JOHN M ESQ  
2575 TAMPA ROAD  
SUITE J  
PALM HARBOR, FL 34684 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:** SDVT  
**Name:** CORRIS, ROBERT J  
**Address:** 2093 NORTH POINTE ALEXIS DRIVE  
**City-St-Zip:** TARPON SPRINGS, FL 34689

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:** ROBERT J CORRIS

SDVT

03/11/2010

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

\_\_\_\_\_  
Date