2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# P94000090222

Entity Name: WELCOME HOMECARE REHAB CENTERS, INC.

Current Principal Place of Business:

9570 REGENCY SQUARE BLVD
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

9570 REGENCY SQUARE BLVD
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3280098 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARINUCCI, ANTHONY F
9570 REGENCY SQ BLVD
JACKSONVILLE, FL 32225 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: PD ( ) Delete
Name: DWIGHT CENAC,
Address: 9570 REGENCY SQUARE BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: STD ( ) Delete
Name: CENAC, CONNIE C
Address: 9570 REGENCY SQUARE BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete
Name: GUERRA, CHARLES
Address: 9570 REGENCY SQUARE BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete
Name: BARKER, DEBORAH
Address: 9570 REGENCY SQUARE BLVD
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CENAC, DWIGHT
Address: 9570 REGENCY SQUARE BLVD
City-St-Zip: JACKSONVILLE, FL 32225

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: DWIGHT CENAC P 04/22/2008

Electronic Signature of Signing Officer or Director Date