

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000005712

FILED
Jan 28, 2009
Secretary of State

Entity Name: REHAB PATHWAYS OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

909 MIRAMAR ST B/C
CAPE CORAL, FL 33904

New Principal Place of Business:

1828 CORAL CIR
N FT MYERS, FL 33903

Current Mailing Address:

P O BOX 150969
CAPE CORAL, FL 33915

New Mailing Address:

1828 CORAL CIR
N FT MYERS, FL 33903

FEI Number: 65-0559547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERKINS, DANIEL W
1828 CORAL CIRCLE
NORTH FORT MYERS, FL 33903 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: PERKINS, DANIEL W
Address: 1828 CORAL CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: STD () Delete
Name: PERKINS, JACQUELINE
Address: 1828 CORAL CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DANIEL W PERKINS

PRS

01/28/2009

Electronic Signature of Signing Officer or Director

Date