

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000103684

FILED
Jan 06, 2009
Secretary of State

Entity Name: ALLCARE REHABILITATION, INC.

Current Principal Place of Business:

1214 W REYNOLDS STREET
SUITE 1
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

1214 W REYNOLDS STREET
SUITE 1
PLANT CITY, FL 33566

New Mailing Address:

FEI Number: 59-3419021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANFRE, DANIEL G
2808 BARRET AVE
SUITE 1
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

MANFRE, DANIEL G
2808 BARRET AVE
PLANT CITY, FL 33566 US

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:

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MANFRE, DANIEL G
Address: 2808 BARRET AVENUE
City-St-Zip: PLANT CITY, FL 33567

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MANFRE, DANIEL G
Address: 2808 BARRET AVE
City-St-Zip: PLANT CITY, FL 33567

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 G MANFRE

D

01/06/2009

Electronic Signature of Signing Officer or Director

Date