

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90070 037 ***150.00

DOCUMENT # P98000047417					
1. Entity Name REHAB RX CORP.					
Principal Place of Business 911 CHESTNUT STREET CLEARWATER, FL 33756 US			Mailing Address 911 CHESTNUT STREET CLEARWATER, FL 33756 US		
2. Principal Place of Business - No P.O. Box # 600 North Blvd West		3. Mailing Address P.O. Box 490509			
Suite, Apt. #, etc. Suite D		Suite, Apt. #, etc. Suite D			
City & State Leesburg FL		City & State Leesburg FL		4. FEI Number 59-3531841	
Zip 34748		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRONIN, MICHAEL T 911 CHESTNUT STREET CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name: Goldstein, Gerald Street Address (P.O. Box Number is Not Acceptable): 2918 Cocovia Way City: Leesburg FL Zip Code: 34748		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: DATE: 3-21-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME RODRIGUEZ, DONNA J STREET ADDRESS 894 ISLAND WAY CITY-ST-ZIP CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Delete		TITLE P NAME Goldstein, Gerald STREET ADDRESS 2918 Cocovia Way CITY-ST-ZIP Leesburg, FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VSTD NAME LAVORE, JOSEPH S STREET ADDRESS 21905 US HWY 19 N CITY-ST-ZIP CLEARWATER, FL 33765	<input checked="" type="checkbox"/> Delete		TITLE V NAME Goldstein, Robert STREET ADDRESS 10160 SE 139th Place CITY-ST-ZIP Summerfield, FL 34491	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME RODRIGUEZ, CHRISTOPHER STREET ADDRESS 894 ISLAND WAY CITY-ST-ZIP CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Delete		(Empty row for additions/changes)		
(Empty row for officers/directors)			(Empty row for additions/changes)		
(Empty row for officers/directors)			(Empty row for additions/changes)		
(Empty row for officers/directors)			(Empty row for additions/changes)		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. SIGNATURE: DATE: 3-21-08 (252) 787-9300 <small>Signature and typed or printed name of signing officer or director</small>					

GERALD GOLDSTEIN