

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000091411

FILED
Jan 06, 2009
Secretary of State

Entity Name: REHAB CONSULTANTS OF WEST CENTRAL FLORIDA, INC.

Current Principal Place of Business:

437 CARLTON ST
WAUCHULA, FL 33873

New Principal Place of Business:

Current Mailing Address:

4040 US 27 N.
SEBRING, FL 33870

New Mailing Address:

FEI Number: 65-0873868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILL, ELIZABETH B
4040 US 27 N.
SEBRING, FL 33870 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: ARMSTRONG, JIM L
Address: 2580 OSCEOLA ROAD
City-St-Zip: AVON PARK, FL 33825

Title: STD () Delete
Name: GOSSMAN, GARY S
Address: 8624 COUNTY ROAD 17 S.
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: FALLON, JILL F
Address: 3764 EAST MAIN STREET
City-St-Zip: WAUCHULA, FL 33873

Title: D () Delete
Name: GILL, ELIZABETH B
Address: 128 PALDAO ACRES
City-St-Zip: WAUCHULA, FL 33873

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JIM ARMSTRONG

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date