2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 11, 2007 08:00 AM **Secretary of State** DOCUMENT # P98000091638 1. Entity Name SARASOTA REHAB ASSOCIATES, INC. Principal Place of Business Mailing Address 4287 ESCONDITO CIRCLE 1700 DUNCAN AVENUE PRESTANCIA ALLISON PARK, PA 15101 SARASOTA, FL 34238 01032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0872964 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Recuired 6. Name and Address of Current Registered Agent DEJESUS, ALEXANDER M.D. DO NOT WRITE 4287 ESCONDITO CIRCLE **PRESTANCIA** IN THIS SPACE SARASOTA, FL 34238 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, typod or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE *Ს*ᲡᲡᲡᲡᲡᲡ 01/11707-80003-022 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE DEJESUS, ALEXANDER STREET ADDRESS 4287 ESCONDITO CIRCLE, PRESTANCIA CITY-ST-ZIP SARASOTA, FL 34238 TITLE STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITEF IN THIS SPACE STREET ADDRESS CITY-ST-ZIP

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:

THILE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 926-1582 07

Date

Daytime Phone #

FILED