

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000091638

**FILED**  
**Jan 26, 2011**  
**Secretary of State**

**Entity Name:** SARASOTA REHAB ASSOCIATES, INC.

**Current Principal Place of Business:**

4287 ESCONDITO CIRCLE  
PRESTANCIA  
SARASOTA, FL 34238

**New Principal Place of Business:**

5440 EAGLES POINTE CIRCLE  
THE LANDINGS, APT 403  
SARASOTA, FL 34231

**Current Mailing Address:**

1700 DUNCAN AVENUE  
ALLISON PARK, PA 15101

**New Mailing Address:**

**FEI Number:** 65-0872964

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEJESUS, ALEXANDER M.D.  
4287 ESCONDITO CIRCLE  
PRESTANCIA  
SARASOTA, FL 34238 US

**Name and Address of New Registered Agent:**

DEJESUS, ALEXANDER M.D.  
5440 EAGLES POINTE CIRCLE  
THE LANDINGS, APT 403  
SARASOTA, FL 34231 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

01/26/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: DEJESUS, ALEXANDER  
Address: 5440 EAGLES POINTE CIRCLE, APT 403  
City-St-Zip: SARASOTA, FL 34231

I hereby 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 all other like empowered.

SIGNATURE: DEJESUS

DR

01/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date