

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P99000037730

Entity Name: POLK REHABILITATION, INC.

**FILED**  
**Mar 14, 2008**  
**Secretary of State**

## **Current Principal Place of Business:**

1326 STATE ROAD 60 EAST  
SUITE 200  
LAKE WALES, FL 33853

## **New Principal Place of Business:**

## **Current Mailing Address:**

1326 STATE ROAD 60 EAST  
SUITE 200  
LAKE WALES, FL 33853

## **New Mailing Address:**

FEI Number: 59-3604077

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRISHKOFF, MARGARITA M  
1326 STATE ROAD 60 EAST  
SUITE 200  
LAKE WALES, FL 33853 US

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

LUIS FUENTES, YOLANDA  
749 CURTISS PARKWAY  
#103  
MIAMI SPRINGS, FL 33166 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: YOLANDA LUIS FUENTES

03/14/2008

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DULUC, LUIS M  
Address: 1326 STATE ROAD 60 EAST SUITE 200  
City-St-Zip: LAKE WALES, FL 33853

Title: D (X) Delete  
Name: GRISHKOFF, MARGARITA M  
Address: 1326 STATE ROAD 60 EAST SUITE 200  
City-St-Zip: LAKE WALES, FL 33853

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LUIS FUENTES, YOLANDA  
Address: 749 CURTISS PARKWAY #103  
City-St-Zip: MIAMI SPRINGS, FL 33166

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: YOLANDA LUIS FUENTES

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03/14/2008

Electronic Signature of Signing Officer or Director

Date