

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000078254

FILED  
May 13, 2009  
Secretary of State

**Entity Name:** PREMIER HEALTH CLINIC AND REHABILITATION CENTER OF TALLAHASSEE, INC.

**Current Principal Place of Business:**

2811-C INDUSTRIAL PLAZA  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

2820 REMINGTON GREEN CIRCLE  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2811-C INDUSTRIAL PLAZA  
TALLAHASSEE, FL 32301

**New Mailing Address:**

2820 REMINGTON GREEN CIRCLE  
TALLAHASSEE, FL 32308

**FEI Number:** 59-3664249

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BIST, MICHAEL P  
1300 THOMASWOOD DR.  
TALLAHASSEE, FL 32312 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: GHAZVINI, MEHRAN P  
Address: 2811-C INDUSTRIAL PLAZA  
City-St-Zip: TALLAHASSEE, FL 32301

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

Title: PSTD (X) Change ( ) Addition  
Name: GHAZVINI, MEHRAN P  
Address: 2820 REMINGTON GREEN CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32308

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: MEHRAN GHAZVINI

PSTD

05/13/2009

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

\_\_\_\_\_  
Date