

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S36397

FILED
Feb 10, 2009
Secretary of State

Entity Name: ADVANCED REHABILITATION THERAPY, INC.

Current Principal Place of Business:

7641 SW 126 ST
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

7641 SW 126 ST
MIAMI, FL 33156

New Mailing Address:

FEI Number: 65-0324227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEAL S. LITMAN, P.A.
2000 S DIXIE HWY
SUITE 101
MIAMI, FL 33133 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: D () Delete
Name: GAILEY, ANN
Address: 7641 S W 126TH STREET
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: GAILEY, ROBERT
Address: 7641 SW 126 STREET
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ANN GAILEY

DIRE

02/10/2009

Electronic Signature of Signing Officer or Director

Date