

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S68490

FILED
Apr 14, 2009
Secretary of State

Entity Name: WEST FLORIDA ORTHOPEDIC REHABILITATION, INC.

Current Principal Place of Business:

8201 N. HIMES
SUITE A
TAMPA, FL 33614 US

New Principal Place of Business:

3842 W. HUMPHREY ST.
TAMPA, FL 33614 US

Current Mailing Address:

3842 W. HUMPHREY ST.
TAMPA, FL 33614 US

New Mailing Address:

18503 TURTLE DR.
LUTZ, FL 33548 US

FEI Number: 59-3089271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, KEVIN G
18503 TURTLE DR.
LUTZ, FL 33614 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: DP () Delete
Name: WHITE, ANNA C
Address: 18503 TURTLE DR
City-St-Zip: LUTZ, FL 33548

Title: DVPT () Delete
Name: WHITE, KEVIN G
Address: 18503 TURTLE DR
City-St-Zip: LUTZ, FL 33548

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: KEVIN G. WHITE

DVPT

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date