

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90458 045 \*\*\*150.00

**DOCUMENT # V52078**

1. Entity Name

REHAB SPECIALISTS, INC.



Principal Place of Business

5921 US 27 NORTH  
SEBRING FL 33870  
US

Mailing Address

303 SECURITY SQUARE  
WINTER HAVEN FL 33880

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3136662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SORIANO, EDWIN M.  
2525 E. LAKE HARTRIDGE  
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

303 SECURITY SQUARE

WINTER HAVEN FL

City

WINTER HAVEN

FL

Zip Code  
33880

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SORIANO, EDWIN M.	
STREET ADDRESS	2525 E. LAKE HARTRIDGE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LADIA, AMOR	
STREET ADDRESS	2233 12TH STREET N.W.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	PASCUAL, JAMES K	
STREET ADDRESS	924 S-HERON CIRCLE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAUTISTA, JESSIE Z	
STREET ADDRESS	2065 W. MARLIN ROAD	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEDINA, ACE S R	
STREET ADDRESS	211 SOUTH LAKE FLORENCE DR.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Amor M. Ladia* AMOR M. LADIA

4/2/04

863-42-9005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #