

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90061 029 ***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 - No P.O. Box #
141 Ave. C, SW

3. Mailing Address
141 Ave. C, SW

Suite, Apt. #, etc.
Suite 150

Suite, Apt. #, etc.
Suite 150

03302007 Chg-P CR2E034 (12/06)

City & State
Winter Haven, FL

City & State
Winter Haven, FL

4. FEI Number
59-3136662

Applied For
Not Applicable

Zip
33880

Country

Zip
33880

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SORIANO, EDWIN M.
303 SECURITY SQUARE
WINTER HAVEN, FL 33880**

7. Name and Address of New Registered Agent

Name
141 Ave. C, SW, Ste 150
Street Address (P.O. Box Number is Not Acceptable)
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
PD ☐ Delete
NAME
SORIANO, EDWIN M.
STREET ADDRESS
2626 LAKE HARTRIDGE
CITY-ST-ZIP
WINTER HAVEN, FL 33881

TITLE
VPD ☐ Delete
NAME
LADIA, AMOR
STREET ADDRESS
2233 12TH STREET N.W.
CITY-ST-ZIP
WINTER HAVEN, FL 33881

TITLE
D ☐ Delete
NAME
MEDINA, ACE S R
STREET ADDRESS
211 SOUTH LAKE FLORENCE DR.
CITY-ST-ZIP
WINTER HAVEN, FL 33884

TITLE
☐ Delete
NAME
☐ Delete
STREET ADDRESS
☐ Delete
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
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CITY-ST-ZIP
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TITLE
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STREET ADDRESS
☐ Delete
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
☒ Change ☐ Addition
NAME
1100 Martinique Dr., Ste 108
STREET ADDRESS
Winter Haven, FL 33884
CITY-ST-ZIP

TITLE
☐ Change ☐ Addition
NAME
☐ Change ☐ Addition
STREET ADDRESS
☐ Change ☐ Addition
CITY-ST-ZIP

TITLE
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STREET ADDRESS
☐ Change ☐ Addition
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-07

Date

863-293-3700

Daytime Phone #