2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# V52078

Entity Name: REHAB SPECIALISTS, INC.

Current Principal Place of Business:

141 AVE C SW SUITE 150
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

Current Mailing Address:

141 AVE C SW SUITE 150
WINTER HAVEN, FL 33880 US

New Mailing Address:

FEI Number: 59-3136662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SORIANO, EDWIN M.
141 AVE C SW STE 150
WINTER HAVEN, FL 33880 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: PD ( ) Delete
Name: SORIANO, EDWIN M.
Address: 1100 MARTINIQUE DR STE 108
City-St-Zip: WINTER HAVEN, FL 33884

Title: VPD ( ) Delete
Name: LADIA, AMOR
Address: 2233 12TH STREET N.W.
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete
Name: MEDINA, ACE S R
Address: 211 SOUTH LAKE FLORENCE DR.
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MEDINA, ACE STERLING R
Address: 211 SOUTH LAKE FLORENCE DR.
City-St-Zip: WINTER HAVEN, FL 33884

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: AMOR M. LADIA VP 04/03/2009

Electronic Signature of Signing Officer or Director Date