2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2012
Secretary of State

DOCUMENT# F08000000601

Entity Name: REHABILITATION MANAGEMENT, INC.

Current Principal Place of Business:

2202 STAFFORD ST, EXT.
MONROE, NC 28110

New Principal Place of Business:

4503 ZACK RD.
MONROE, NC 28110

Current Mailing Address:

PO BOX 3240
MONROE, NC 281113240 US

New Mailing Address:

FEI Number: 56-1495376 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: P
Name: REAVIS, THOMAS B
Address: PO BOX 3240
City-St-Zip: MONROE, NC 281113240 US

Title: ST
Name: PRUETTE, JERRY D SR.
Address: PO BOX 49
City-St-Zip: VALE, NC 28168 US

I hereby 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 all other like empowered.

SIGNATURE: THOMAS B. REAVIS P 03/20/2012

Electronic Signature of Signing Officer or Director — Date