2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113969

FILED Apr 30, 2012 Secretary of State

Entity Name: COMPLETE REHAB AND MEDICAL CENTERS OF WEST PALM, INC.

New Principal Place of Business: Current Principal Place of Business: 4935 OKEECHOBEE BLVD WEST PALM BEACH, FL 33417 US **Current Mailing Address: New Mailing Address:** P.O. BOX 741235 BOYNTON BEACH, FL 33474 US FEI Number: 26-0057218 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FRANK, WEINBERG & BLACK, P.L 1800 NORTH MILITARY TRAIL, STE 170 BOCA RATON, FL 33431 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:

 Name:
 BAUER, BRIAN

 Address:
 3111 NE 43RD STREET

 City-St-Zip:
 FT LAUDERDALE, FL 33308 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: VALERIE O'BRIEN BKPR 04/30/2012