

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000075934

FILED
Mar 09, 2009
Secretary of State

Entity Name: HEALTH AND REHAB CENTER OF PALM BEACHES, INC.

Current Principal Place of Business:

11951 US HWY 1
SUITE 105
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

11951 US HWY 1
SUITE 105
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 20-1080094 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWARD II, TIMOTHY R
3554 B GARDENS EAST DR.
PALM BEACH GARDENS, FL 33410 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: D () Delete
Name: TOWARD II, TIMOTHY R
Address: 3554 B GARDENS EAST DR.
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: ORTMANN, MARK R
Address: 5049 SE DEVENWOOD WAY
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: TIMOTHY R. TOWARD II

MR.

03/09/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date