## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000095803

Entity Name: ENCOMPASS HEALTHCARE GROUP, INC.

FILED May 11, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
2ND FLOO					
MADEIRA	BEACH, FL 3	3708			
Current Mailing Address:			New Mailing Address:		
2ND FLOC	T. AVENUE CII DR BEACH, FL 3				
FEI Number:	: 94-3449938	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Addre				New Registered Agent:	
168 131ST	HRISTOPHEF CAVENUE CII BEACH, FL 3	RCLE EAST			
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ag	gent	Date	
		3(2)(b), F.S., the corporation did n	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BOGLE, CHRIS	ENUE CIRCLE EAST	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: CHRIS BOGLE CEO 05/11/2009