

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000084944

Entity Name: FUNCTIONAL REHAB INC

FILED  
Mar 30, 2011  
Secretary of State

**Current Principal Place of Business:**

203 US 27., S.  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

203 US 27., S.  
LAKE PLACID, FL 33852

**New Mailing Address:**

FEI Number: 27-1184109

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PVST  
Name: VILLAMOR, NOSTER  
Address: 203 US 27., S.  
City-St-Zip: LAKE PLACID, FL 33852

Title: D  
Name: VILLAMOR, NOSTER  
Address: 203 US 27., S.  
City-St-Zip: LAKE PLACID, FL 33852

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: NOSTER VILLAMOR

PVST

03/30/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date