

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000010646

Entity Name: HEALTH REHAB PLUS, INC.

FILED
Jan 11, 2011
Secretary of State

Current Principal Place of Business:

1844 N UNIVERSITY DRIVE
SUITE #100
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

New Mailing Address:

67 OLD CHEROKEE WAY
DAWSONVILLE, GA 30534 US

Current Mailing Address:

1844 N UNIVERSITY DRIVE
SUITE #100
CORAL SPRINGS, FL 33071 US

FEI Number: 65-0774692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIMEHOUSE, RICHARD
3026 NE 6TH DRIVE
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

LIMEHOUSE, RICHARD
1844 N. UNIVERSITY DRIVE
#100
CORAL SPRINGS, FL 33071 US

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

01/11/2011

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LIMEHOUSE, RICHARD R JR.
Address: 67 OLD CHEROKEE WAY
City-St-Zip: DAWSONVILLE, GA 30534

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: RICHARD LIMEHOUSE

Electronic Signature of Signing Officer or Director

PRES

01/11/2011

Date