

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 12, 2011
Secretary of State**

DOCUMENT# P97000010646

Entity Name: HEALTH REHAB PLUS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

67 OLD CHEROKEE WAY
DAWSONVILLE, GA 30534 US

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

Name and Address of New Registered Agent:

PILLON, ELMER
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: ELMER PILLON 08/12/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D, P
Name: PILLON, ELMER J
Address: 1844 N UNIVERSITY DRIVE, SUITE #100
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: D,S
Name: WEXLER, LUCAS I
Address: 1844 N UNIVERSITY DRIVE, SUITE #100
City-St-Zip: CORAL SPRINGS, FL 33071

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: ELMER PILLON P 08/12/2011
Electronic Signature of Signing Officer or Director Date