

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000010646

FILED  
Jan 07, 2012  
Secretary of State

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:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0774692      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PILLON, ELMER  
1844 N. UNIVERSITY DRIVE  
#100  
CORAL SPRINGS, FL 33071 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: 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: LUCAS WEXLER

D

01/07/2012

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

\_\_\_\_\_ Date