2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2010
Secretary of State

DOCUMENT# F09000000390

Entity Name: NATIONAL REHAB EQUIPMENT, INC.

Current Principal Place of Business:

540 LINDBERGH DR.
MOON TOWNSHIP, PA 15108

New Principal Place of Business:

540 LINDBERGH DR.
MOON TOWNSHIP, PA 15108 US

Current Mailing Address:

540 LINDBERGH DR.
MOON TOWNSHIP, PA 15108

New Mailing Address:

540 LINDBERGH DR.
MOON TOWNSHIP, PA 15108 US

FEI Number: 23-2736822 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C
Name: CHAPMAN, PAUL
Address: 540 LINDBERGH DR.
City-St-Zip: MOON TOWNSHIP, PA 15108 US

Title: P
Name: EDMUNDS, HEATHER
Address: 540 LINDBERGH DR.
City-St-Zip: MOON TOWNSHIP, PA 15108 US

Title: T
Name: BLOOD, JOHN
Address: 540 LINDBERGH DR. MOON TOWNSHIP PA 15108
City-St-Zip: MOON TOWNSHIP, PA 15108 US

Title: S
Name: BEVACQUA, AMY
Address: 540 LINDBERGH DR.
City-St-Zip: MOON TOWNSHIP, PA 15108 US

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: JOHN BLOOD T 03/11/2010

Electronic Signature of Signing Officer or Director Date