2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2010
Secretary of State

DOCUMENT# P97000000313

Entity Name: FUNCTIONAL REHABILITATION, INC.

Current Principal Place of Business:

21090 WATER OAK TERRACE
BOCA RATON, FL 33428

New Principal Place of Business:

799 APPLEBY ST
BOCA RATON, FL 33487

Current Mailing Address:

21090 WATER OAK TERRACE
BOCA RATON, FL 33428

New Mailing Address:

P.O. BOX 810835
BOCA RATON, FL 33481

FEI Number: 65-0719947 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POMPILE, DOMENIC J
21090 WATER OAK TERRACE
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

POMPILE, DOMENIC J
799 APPLEBY ST
BOCA RATON, FL 33487 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: DOMENIC POMPILE 04/30/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD
Name: POMPILE, DOMENIC J
Address: P.O. BOX 810835
City-St-Zip: BOCA RATON, FL 33481

Title: PTD
Name: POMPILE, DOMENIC J
Address: P.O. BOX 810835
City-St-Zip: BOCA RATON, FL 33481

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: DOMENIC POMPILE PTD 04/30/2010
Electronic Signature of Signing Officer or Director Date