

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009069

FILED
Apr 30, 2010
Secretary of State

Entity Name: 360 HEALTH & REHAB, INC.

Current Principal Place of Business:

78 PIMLICO DR.
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

78 PIMLICO DR.
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 27-2433907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICCI, ELIZABETH
521 EAST TENNESSEE STREET
TALLAHASSEE, FL 32308 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: P
Name: VAN DER MERWE, IZETTE
Address: 78 PIMLICO DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP
Name: POTGIETER, ARNO P
Address: PO BOX 17495
City-St-Zip: BAINSVLEI, SA 9338 SA

Title: D
Name: VAN VUUREN, ALRON
Address: WILLIE DU PLESSIS WEG 14
City-St-Zip: FICHARDTPARK BLOEMFONTEIN, SA 9300 SA

Title: D
Name: VAN VUUREN, RIANA
Address: WILLIE DU PLESSIS WEG 14
City-St-Zip: FICHARDTPARK BLOEMFONTEIN, SA 9300 SA

Title: D
Name: VAN VUUREN, CHANTELE
Address: WILLIE DU PLESSIS WEG 14
City-St-Zip: FICHARDTPARK BLOEMFONTEIN, SA 9300 SA

Title: D
Name: VAN VUUREN, MICHAEL
Address: WILLIE DU PLESSIS WEG 14
City-St-Zip: FICHARDTPARK BLOEMFONTEIN, SA 9300 SA

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: IZETTE VAN DER MERWE

P

04/30/2010

Electronic Signature of Signing Officer or Director

Date