2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2011
Secretary of State

DOCUMENT# P05000084890

Entity Name: 180 DEGREES REHABILITATION, INC.

Current Principal Place of Business:

6595 NW 36 STREET
113
VIRGINIA GARDENS, FL 33166

New Principal Place of Business:

Current Mailing Address:

6595 NW 36 STREET
113
VIRGINIA GARDENS, FL 33166

New Mailing Address:

FEI Number: 20-3979152 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACOSTA, RAFAELA M
6595 NW 36 STREET
113
VIRGINIA GARDENS, FL 33166 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: PD
Name: ACOSTA, RAFAELA M
Address: 6595 NW 36 STREET STE 113
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: VP
Name: MARTIN DELGADO, ETTAMO
Address: 6595 NW 36 ST STE 113
City-St-Zip: VIRGINIA GARDENS, FL 33166

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: ACOSTA RAFAELA M PD 01/17/2011

Electronic Signature of Signing Officer or Director — Date