

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004680

FILED
Jan 03, 2012
Secretary of State

Entity Name: RAINBOW REHABILITATION CENTERS, INC.

Current Principal Place of Business:

38777 SIX MILE RD
SUITE 101
LIVONIA, MI 48152

New Principal Place of Business:

Current Mailing Address:

38777 SIX MILE RD
SUITE 101
LIVONIA, MI 48152

New Mailing Address:

FEI Number: 38-2693619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVE S SUITE 101-330
NAPLES, FL 34102 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: DCEO
Name: WILSON, BARBARA
Address: 3733 N LAKE LEELANAU
City-St-Zip: LAKE LEELANAU, MI 49653

Title: P
Name: BUCCALO, WILLIAM R
Address: 25529 PARKWOOD
City-St-Zip: HUNTINGTON WOODS, MI 48070

Title: VP
Name: MCDANIEL, SHERRI
Address: 45731 HANFORD
City-St-Zip: CANTON, MI 48187

Title: DCEA
Name: WILSON, CHARLES
Address: 89 GUERNSEY ST, APT 1
City-St-Zip: BROOKLYN, NY 11222

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: WILLIAM R BUCCALO

P

01/03/2012

Electronic Signature of Signing Officer or Director

Date