

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009069

Entity Name: 360 HEALTH & REHAB, INC.**Current Principal Place of Business:**78 PIMLICO DR.
CRAWFORDVILLE, FL 32327**Current Mailing Address:**78 PIMLICO DR.
CRAWFORDVILLE, FL 32327**FEI Number:** 27-2433907**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RICCI, ELIZABETH
521 EAST TENNESSEE STREET
TALLAHASSEE, FL 32308 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	VAN DER MERWE, IZETTE
Address	78 PIMLICO DR
City-State-Zip:	CRAWFORDVILLE FL 32327

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

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

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

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

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

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

MRS.

04/15/2013

Electronic Signature of Signing Officer/Director Detail_____
Date