

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000120198

**Entity Name:** REHABFIRST INC

**Current Principal Place of Business:**

5211 MANATEE AVE W  
BRADENTON, FL 34277

**Current Mailing Address:**

P.O. BOX 15310  
SARASOTA, FL 34277

**FEI Number:** 01-0562630

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCOTT, MELANIE  
5211 MANATEE AVE W  
BRADENTON, FL 34209 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 PD  
Name SCOTT, MELANIE  
Address P.O. BOX 15310  
City-State-Zip: SARASOTA FL 34277

Title VP  
Name DIECKMAN, FRANK  
Address P.O. BOX 15310  
City-State-Zip: SARASOTA FL 34277

*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:** MELANIE SCOTT

PD

04/11/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date