

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000000313

Entity Name: FUNCTIONAL REHABILITATION, INC.

Current Principal Place of Business:

799 APPLEBY ST
BOCA RATON, FL 33487

Current Mailing Address:

P.O. BOX 810835
BOCA RATON, FL 33481

FEI Number: 65-0719947

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POMPILE, DOMENIC J
799 APPLEBY ST
BOCA RATON, FL 33487 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 PTD
Name POMPILE, DOMENIC J
Address P.O. BOX 810835
City-State-Zip: BOCA RATON FL 33481

Title PTD
Name POMPILE, DOMENIC J
Address P.O. BOX 810835
City-State-Zip: BOCA RATON FL 33481

Title SECRETARY
Name HALFHILL, RENEE M
Address P.O. BOX 810835
City-State-Zip: BOCA RATON FL 33481

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: DOMENIC J POMPILE

PT

04/05/2013

Electronic Signature of Signing Officer/Director Detail

Date