

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000000601

**Entity Name:** REHABILITATION MANAGEMENT, INC.

**Current Principal Place of Business:**

4503 ZACK RD.  
MONROE, NC 28110

**Current Mailing Address:**

PO BOX 3240  
MONROE, NC 28111-3240 US

**FEI Number: 56-1495376**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 REAVIS, THOMAS B  
Address PO BOX 3240  
City-State-Zip: MONROE NC 28111-3240

Title ST  
Name PRUETTE, JERRY DSR.  
Address PO BOX 49  
City-State-Zip: VALE NC 28168

*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: THOMAS B. REAVIS**

**PRESIDENT**

**03/20/2013**

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

\_\_\_\_\_  
Date