2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2011
Secretary of State

DOCUMENT# 752427

Entity Name: REHABILITATION FOUNDATION OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

2929 LANGLEY AVE.
SUITE 202
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

2929 LANGLEY AVE.
SUITE 202
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-2089355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOWMAN, ROBERT D
2929 LANGLEY AV E
SUITE 202
PENSACOLA, FL 32504 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: CT
Name: LARRY, DENNIS K
Address: P O BOX 13010
City-St-Zip: PENSACOLA, FL 32591

Title: T
Name: MOCK, GERALD
Address: 2600 TAMBRIDGE CIR
City-St-Zip: PENSACOLA, FL 32503

Title: TT
Name: BELL, BRIAN
Address: 33 WEST GARDEN ST
City-St-Zip: PENSACOLA, FL 32502

Title: T
Name: GUNTER, THOMAS A
Address: 2510 YATES AVE
City-St-Zip: PENSACOLA, FL 32503

Title: D
Name: BOWMAN, ROBERT
Address: 305 BERRYHILL ROAD
City-St-Zip: MILTON, FL 32570

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: ROBERT D. BOWMAN DIRE 01/10/2011

Electronic Signature of Signing Officer or Director — Date