

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007067

FILED
Jan 17, 2012
Secretary of State

Entity Name: REHABILITATION AND RECOVERY, INC.

Current Principal Place of Business:

8122 DATAPOINT DRIVE, SUITE 1000
SAN ANTONIO, TX 78229

New Principal Place of Business:

18615 TUSCANY STONE, SUITE 200
SAN ANTONIO, TX 78258

Current Mailing Address:

8122 DATAPOINT DRIVE, SUITE 1000
SAN ANTONIO, TX 78229

New Mailing Address:

18615 TUSCANY STONE, SUITE 200
SAN ANTONIO, TX 78258

FEI Number: 65-0948631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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: DP
Name: LYLES, THOMAS W JR
Address: 18615 TUSCANY STONE, SUITE 200
City-St-Zip: SAN ANTONIO, TX 78258

Title: V
Name: LEININGER, DANIEL E
Address: 18615 TUSCANY STONE, SUITE 200
City-St-Zip: SAN ANTONIO, TX 78258

Title: DTV
Name: KEITH, DAVE
Address: 18615 TUSCANY STONE, SUITE 200
City-St-Zip: SAN ANTONIO, TX 78258

Title: DV
Name: FELTNER, KIMBERLY
Address: 18615 TUSCANY STONE, SUITE 200
City-St-Zip: SAN ANTONIO, TX 78258

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 W LYLES JR

PRES

01/17/2012

Electronic Signature of Signing Officer or Director

Date