


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90011 040 ***150.00

DOCUMENT # F05000001369	
1. Entity Name NATIONAL REHAB GP, INC.	

Principal Place of Business 1300 WEST SAM HOUSTON PARKWAY, STE. 300 HOUSTON, TX 77042	Mailing Address 1300 WEST SAM HOUSTON PARKWAY, STE. 300 HOUSTON, TX 77042
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 76-0345539	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301	Name NRAI Services, Inc.
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Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive, Suite 4	City Weston
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State FL	Zip Code 33331
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <i>Sabrina Tillapaugh</i> Signature, typed or printed name of registered agent and title, if applicable	SABRINA TILLAPAUGH, ASST. SEC (NOTE: Registered Agent signature required when reinstating)	1/10/08 DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE PD	<input type="checkbox"/> Delete	TITLE READING, CHRIS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 1300 WEST SAM HOUSTON PARKWAY, STE. 300		NAME HOUSTON, TX 77042	
STREET ADDRESS HOUSTON, TX 77042		STREET ADDRESS HOUSTON, TX 77042	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VPTD	<input type="checkbox"/> Delete	TITLE MCAFFEE, LARRY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 1300 WEST SAM HOUSTON PARKWAY, STE. 300		NAME HOUSTON, TX 77042	
STREET ADDRESS HOUSTON, TX 77042		STREET ADDRESS HOUSTON, TX 77042	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VPS	<input type="checkbox"/> Delete	TITLE KING, JANNA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 1300 WEST SAM HOUSTON PARKWAY, STE. 300		NAME HOUSTON, TX 77042	
STREET ADDRESS HOUSTON, TX 77042		STREET ADDRESS HOUSTON, TX 77042	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
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SIGNATURE: <i>Janna King</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/18/08 Date	713-297-7000 Daytime Phone #
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