

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001369

FILED
Feb 13, 2009
Secretary of State

Entity Name: NATIONAL REHAB GP, INC.

Current Principal Place of Business:

1300 WEST SAM HOUSTON PARKWAY, STE. 300
HOUSTON, TX 77042

New Principal Place of Business:

Current Mailing Address:

1300 WEST SAM HOUSTON PARKWAY, STE. 300
HOUSTON, TX 77042

New Mailing Address:

FEI Number: 76-0345539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PRK DR STE 4
FORT LAUDERDALE, FL 33331 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PRK DR STE 4
WESTON, FL 33331 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:

02/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: READING, CHRIS
Address: 1300 WEST SAM HOUSTON PARKWAY, STE. 300
City-St-Zip: HOUSTON, TX 77042

Title: VPTD () Delete
Name: MCAFEE, LARRY
Address: 1300 WEST SAM HOUSTON PARKWAY, STE. 300
City-St-Zip: HOUSTON, TX 77042

Title: VPS () Delete
Name: KING, JANNA
Address: 1300 WEST SAM HOUSTON PARKWAY, STE. 300
City-St-Zip: HOUSTON, TX 77042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JANNA KING

VPS

02/13/2009

Electronic Signature of Signing Officer or Director

Date