## 2008 FOR PROFIT CORPORATION ANNUAL REPORT # 507000005105

DOCUMENT # F0700005105  1. Entity Name					FILED				
REHAB REVIEW, INC.					2008	FEB 27 A	M 10: 5	id	
Principal Place of Business Mailing Address					_ SEC	RETARY OF	STATE	•	
1498 OLD FANNIN ROAD BRANDON, MS 39047		1498 OLD FANNIN ROAD Brandon, MS 39047		]	RETARY OF AHASSEE, I				
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Z. Flinopan	Tace of Dusiness - 140 1.0. Dox #	5. Maning Address			I INCIIOT (CCI DULLE (DACI DUCE)	AH BUNG BUNG BUNG BUNG	i ildii Beiti Be	HEAT OF COMP	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02082008 Chg-P	CR2E03	4 (12/06)	the of Face		
City & State		City & State		4. FEI Number 72-1372532		———	oplied For ot Applicable		
Zip	Country	Zip Country		5. Certificate of Status Desir		8.75 Add			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
NRAI SERVICES, INC.				Name					
2731 EXECUTIVE PARK DR., SUITE 4 WESTON, FL 33331				Street Address (P.O. Box Number is Not Acceptable)					
				City.					
				City		FL	Zip Cod		
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									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees									
10.	OFFICERS AND		11.	100	ADDITIONS/CHANGES TO				
NAME	COX, SAM	Delete	TITLE	دندها ا	sident 15 Farrell Pet	e_	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1			140	is old famin	ied 39047			
TITLE	VCVP	☐ Delete	TITLE	CE	.0		Change	Addition	
NAME STREET ADDRESS	MILLS, FARRELL PETE SS 1498 OLD FANNIN ROAD STR			ET ADDRESS					
CITY-ST-ZIP				ST-ZIP 14	18 Old To	2904	)		
TITLE	STD	☐ Delete	TITLE	- 1		.	Change	Addition	
NAME STREET ADDRESS	TINGLE, LEON 1498 OLD FANNIN ROAD		STREE	E Et address					
CITY-ST-ZIP	BRANDON, MS 39047		CITY-	-ST-ZIP		<u></u> ,	<u> </u>		
TITLE NAME		☐ Delete	TITLE	ŀ		ı	☐ Change	☐ Addition	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			+	-ST-ZIP				<del></del>	
TITLE NAME		☐ Delete	TITLE	- 1			☐ Change	☐ Addition	
STREET ADDRESS			STREE	ET ADDRESS	20011 02/28/0801	90460	)22	י החי	
CITY-ST-ZIP		<u> </u>	1-	-ST-ZIP	02/20/0001				
TITLE NAME		Delete	NAME			ı	☐ Change	Addition	
STREET ADDRESS				ET ADDRESS					
CiTY-ST-ZIP	certify that the information supplied with	h this filing does not qualify for		-ST-ZIP	d in Chanter 119, Florida Statut	es I further certify	u that the ir	oformation	
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 flustee 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.									
SIGNATURE: Tanal J. of uls 2/8/08 60/ 99-0030									
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Designation of the Control of the Contro									

T/2012 2/29/20