

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G60698

FILED
Feb 28, 2011
Secretary of State

Entity Name: LONGWOOD REHABILITATIVE SERVICES, INC.

Current Principal Place of Business:

2629 W. STATE ROAD 434
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2629 W. STATE ROAD 434
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2322932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ICARDI, JEFFREY A
549 WYMORE ROAD, NORTH
SUITE 109
LONGWOOD, FL 32779 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: BEST, DANIEL H
Address: 2629 WEST STATE RD 434
City-St-Zip: LONGWOOD, FL 32779

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: DANIEL H. BEST

DP

02/28/2011

Electronic Signature of Signing Officer or Director

Date