

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H38493

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: AMERICAN REHAB. ASSOCIATES, INC.

**Current Principal Place of Business:**

6092 W OAKLAND PK BLVD  
SUNRISE, FL 33313 US

**New Principal Place of Business:**

**Current Mailing Address:**

2596 SE 8TH ST  
POMPANO BEACH, FL 33062 US

**New Mailing Address:**

FEI Number: 59-2473676

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHAH, SANJIV  
2596 S.E. 8TH ST.  
POMPANO BEACH, FL 33062 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHAH, SANJIV  
Address: 2596 SE 8 ST  
City-St-Zip: POMPANO BCH, FL 33062

Title: D ( ) Delete  
Name: SHAH, KOMAL  
Address: 2596 SE 8 ST  
City-St-Zip: POMPANO BCH, FL 33062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: SANJIV SHAH

PRES

04/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date