

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J67196

FILED
Mar 25, 2011
Secretary of State

Entity Name: THE REHABILITATION & HUMAN PERFORMANCE CENTER, INCORPORATED

Current Principal Place of Business:

4820 NEWBERRY RD
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

4035 NW 43RD STREET
GAINESVILLE, FL 32606 US

New Mailing Address:

FEI Number: 59-2798616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARPENTER, RONALD A.
5608 NW 43RD STREET
GAINESVILLE, FL 32606 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: PST
Name: CIRULLI, JOSEPH
Address: 4035 NW 43RD STREET
City-St-Zip: GAINESVILLE, FL 32606

Title: D
Name: CIRULLI, JOSEPH
Address: 4035 NW 43RD STREET
City-St-Zip: GAINESVILLE, FL 32606

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: JOSEPH D CIRULLI

PRES

03/25/2011

Electronic Signature of Signing Officer or Director

Date