

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K45289

FILED  
Apr 30, 2011  
Secretary of State

Entity Name: AT HOME PHYSICAL THERAPY AND REHABILITATION SERVICES, INC.

**Current Principal Place of Business:**

2000 N 36TH AVENUE  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

**Current Mailing Address:**

POBOX 22369  
FORT LAUDERDALE, FL 33335 US

**New Mailing Address:**

FEI Number: 65-0083824      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

AHMAD, MALIK D  
2000 N 36TH AVE  
HOLLYWOOD, FL 33021 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: D  
Name: AHMAD, MALIK N D  
Address: POBOX 22369  
City-St-Zip: FORT LAUDERDALE, FL 33335 US

Title: D  
Name: AHMAD, AASEM  
Address: 2220 N 44 AVE  
City-St-Zip: HOLLYWOOD, FL 33021

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: MALIK AHMAD

DIRE

04/30/2011

Electronic Signature of Signing Officer or Director

Date