

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K49858

FILED
Apr 18, 2008
Secretary of State

Entity Name: REBOUND REHABILITATIVE SERVICES, INC.

Current Principal Place of Business:

105 SOUTHPARK BLVD
STE B-201
ST AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

105 SOUTHPARK BLVD
STE B-201
ST AUGUSTINE, FL 32086 US

New Mailing Address:

FEI Number: 59-2922815 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

O'DONNELL, LYNN
105 SOUTH PARK BLVD
SUITE B201
ST. AUGUSTINE, FL 32086 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: O'DONNELL LYNN,
Address: 3716 CRAZY HORSE TRAIL
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VP () Delete
Name: WEBB, JOSEPH N.,
Address: 105 SOUTHPARK BLVD, SUITE B201
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: SEC () Delete
Name: JACKSON, DEBORAH A.,
Address: 4995 MOULTRIE RESERVE COURT
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LYNN O'DONNELL

PD

04/18/2008

Electronic Signature of Signing Officer or Director

Date