

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L24309

FILED
Feb 15, 2010
Secretary of State

Entity Name: NEUROLOGICAL REHABILITATION CENTER PROGRAM SERVICES, INC.

Current Principal Place of Business:

C/O JORGE CUERVO
7777 NORTH UNIVERSITY DRIVE
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

C/O JORGE CUERVO
7777 NORTH UNIVERSITY DRIVE
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 65-0157388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUERVO, JORGE
7777 NORTH UNIVERSITY DRIVE
TAMARAC, FL 33321 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: DIR
Name: CUERVO, JORGE
Address: 7777 N. UNIVERSITY DR.
City-St-Zip: TAMARAC, FL 33321 US

Title: DIR
Name: GREEN, MATTHEW
Address: 7777 N. UNIVERSITY DR.
City-St-Zip: TAMARAC, FL 33321 US

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: JORGE CUERVO

DIR

02/15/2010

Electronic Signature of Signing Officer or Director

Date