# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 17, 2011**
**Secretary of State**

DOCUMENT# M25013

**Entity Name:** ARLENE KAPLAN REHABILITATION SERVICES, INC.

**Current Principal Place of Business:**

671 S. HOLLYBROOK DRIVE
101
PEMBROKE PINES, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 840938
PEMBROKE PINES, FL 33084

**New Mailing Address:**

**FEI Number: 59-2621098** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

KAPLAN, ARLENE
671 S HOLLYBROOK DRIVE #101
PEMBROKE PINES, FL 33025 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: PSD
Name: KAPLAN, ARLENE
Address: 671 S HOLLYBROOK DR #101
City-St-Zip: PEMBROKE PINES, FL

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: ARLENE KAPLAN PRES 03/17/2011

Electronic Signature of Signing Officer or Director — Date