

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008045

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** RESCUE, REHAB, HOME, INC.

**Current Principal Place of Business:**

7491 N. FEDERAL HIGHWAY  
SUITE #C1-3  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

C/O WOLF- 2121 N FRONTAGE RD W  
211  
VAIL, CO 81657

**New Mailing Address:**

**FEI Number:** 20-3279834

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOLF, JAMIE  
7491 N FEDERAL HWY  
BOCA RATON, FL 33487 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: P  
Name: WOLF, JAMIE  
Address: 7491 N. FEDERAL HIGHWAY, SUITE #C1-3  
City-St-Zip: BOCA RATON, FL 33487

Title: VP  
Name: WOLF, BARRY  
Address: 7491 N FEDERAL HWY SUITE C3  
City-St-Zip: BOCA RATON, FL 33487

Title: T  
Name: DOOLEY, ANDREW DVM  
Address: 5400 N DIXIE HWY- TLC ANIM HOSP  
City-St-Zip: BOCA RATON, FL 33487

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMIE WOLF

DIR

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date