2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# P00000007138

Entity Name: MOTE WELLNESS & REHAB, INC.

Current Principal Place of Business:

3925 WEST BOYNTON BEACH BLVD.
SUITE 105
BOYNTON BEACH, FL 33436

New Principal Place of Business:

3111 WEST BOYNTON BEACH BLVD.
SUITE 200
BOYNTON BEACH, FL 33436

Current Mailing Address:

3925 WEST BOYNTON BEACH BLVD.
SUITE 105
BOYNTON BEACH, FL 33436

New Mailing Address:

3111 WEST BOYNTON BEACH BLVD.
SUITE 200
BOYNTON BEACH, FL 33436

FEI Number: 65-0974787 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOTE, DAVID
10531 ST. ANDREWS ROAD
BOYNTON BEACH, FL 33436 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: P ( ) Delete
Name: MOTE, DAVID R DR.
Address: 3925 WEST BOYNTON BEACH BLVD.
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MOTE, DAVID R DR.
Address: 3111 WEST BOYNTON BEACH BLVD. #200
City-St-Zip: BOYNTON BEACH, FL 33436

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: DAVID R. MOTE P 04/17/2009

Electronic Signature of Signing Officer or Director — Date