2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000013043

FILED
Mar 10, 2011
Secretary of State

Entity Name: HEALTH WEST REHABILITATION GROUP, INC.

Current Principal Place of Business:

4229 N HABANA AVE
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

POB 9262
TAMPA, FL 33674

New Mailing Address:

FEI Number: 59-3702707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARILLO, FRANK B
26151 CORKWOOD CT. E
LAND O LAKES, FL 34639 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: PTD
Name: PARILLO, FRANK B
Address: 4229 N HABANA AVE
City-St-Zip: TAMPA, FL 33607

Title: SD
Name: PARILLO, MARIA
Address: 4229 N HABANA AVE
City-St-Zip: TAMPA, FL 33607

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: FRANK B. PARILLO PTD 03/10/2011

Electronic Signature of Signing Officer or Director Date