2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2011
Secretary of State

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Entity Name: PROFESSIONAL CARE REHAB, INC.

Current Principal Place of Business:

33920 US HWY 19 N
SUITE 341
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

33920 US HWY 19 N
SUITE 341
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 59-3725174 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARSON, ROY J ESQ
C/O BAKER & MCKENZIE, LLP
1111 BRICKELL AVENUE, SUITE 1700
MIAMI, FL 33131 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: PDTS
Name: BRAGG, GARRETT W
Address: 6450 NW 5TH WAY
City-St-Zip: FT. LAUDERDALE, FL 33309

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: GARRETT W. BRAGG PRES 03/04/2011

Electronic Signature of Signing Officer or Director — Date