

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058684

FILED
May 04, 2010
Secretary of State

Entity Name: NUMBER-ONE REHAB CARE, INC.

Current Principal Place of Business:

16384 SW 7TH STREET
PEMBROKE PINE, FL 33027

New Principal Place of Business:

2641 N FLAMINGO RD
2108 N
SUNRISE, FL 33323

Current Mailing Address:

16384 SW 7TH STREET
PEMBROKE PINE, FL 33027

New Mailing Address:

2641 N FLAMINGO RD
2108 N
SUNRISE, FL 33323

FEI Number: 65-1144436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, MARIE DE J.
16384 SW 7TH STREET
PEMBROKE PINE, FL 33027 US

Name and Address of New Registered Agent:

GONZALEZ, MARIE DE J.
2641 N FLAMINGO RD
2108 N
SUNRISE, FL 33323 US

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:

05/04/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST
Name: GONZALEZ, MARIA J
Address: 2641 N FLAMINGO RD APT 2108 N
City-St-Zip: SUNRISE, FL 33323

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: MARIA J GONZALEZ

PST

05/04/2010

Electronic Signature of Signing Officer or Director

Date