

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000067409

Entity Name: EXTREME REHAB, INC.

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

851 BAYWAY BLVD  
906  
CLEARWATER BEACH, FL 33767

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 445  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

FEI Number: 59-3730528

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AL-KHUSHMAN, SAMI M PD  
851 BAYWAY BLVD  
906  
CLEARWATER, FL 33767 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: AL-KHUSHMAN, SAMI M P  
Address: 851 BAYWAY BLVD # 906  
City-St-Zip: CLEARWATER, FL 33767

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: SAMI AL-KHUSHMAN

P

04/28/2011

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

\_\_\_\_\_  
Date