2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2010
Secretary of State

DOCUMENT# P01000115084

Entity Name: UNLIMITED REHAB NETWORK, INC.

Current Principal Place of Business:

7791 NW 46 STREET
SUITE 210
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7791 NW 46 STREET
SUITE 210
MIAMI, FL 33166

New Mailing Address:

FEI Number: 65-1158918 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALVINO, BARBARA
7791 NW 46 STREET
SUITE 210
MIAMI, FL 33166 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: PVPS
Name: CALVINO, BARBARA
Address: 7791 NW 46 STREET, SUITE 210
City-St-Zip: MIAMI, FL 33166

Title: TD
Name: CALVINO, BARBARA
Address: 7791 NW 46 STREET, SUITE 210
City-St-Zip: MIAMI, FL 33166

Title: D
Name: LOPEZ, ADRIANA
Address: 7791 NW 46 STREET, SUITE 210
City-St-Zip: MIAMI, FL 33166

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: BARBARA CALVINO P 04/09/2010

Electronic Signature of Signing Officer or Director — Date