

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000008883

FILED
Jan 20, 2010
Secretary of State

Entity Name: BEST MEDICAL REHAB INC.

Current Principal Place of Business:

6500 PINES BLVD.
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

6500 PINES BLVD.
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 01-0579386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAM, ORLANDO
6500 PINES BLVD
PEMBROKE PINES, FL 33024 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: PTSD
Name: SAM, ORLANDO
Address: 6500 PINES BLVD.
City-St-Zip: PEMBROKE PINES, FL 33024

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: ORLANDO SAM

PTSD

01/20/2010

Electronic Signature of Signing Officer or Director

Date