

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000044863

FILED
Jan 23, 2010
Secretary of State

Entity Name: BROWARD MANUAL REHAB, INC.

Current Principal Place of Business:

100 N. STATE RD. 7
STE. 201
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

665 SE 10TH ST
201
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 32-0011427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICRESCENZO, ANGELA
665 SE 10TH STREET
201
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

DELGADO, ANGELA
665 SE 10TH STREET
201
DEERFIELD BEACH, FL 33441 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: ANGELA DELGADO

01/23/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: COSMIOS, DIMITRI
Address: 11195 MILLPOND GREENS DRIVE
City-St-Zip: BOYNTON BEACH, FL 33473

Title: VP
Name: COSMIOS, YESSYKA
Address: 11195 MILLPOND GREENS DRIVE
City-St-Zip: BOYNTON BEACH, FL 33473

Title: S
Name: COSMIOS, JOANNA
Address: 11195 MILLPOND GREENS DRIVE
City-St-Zip: BOYNTON BEACH, FL 33473

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: DIMITRI COSMIOS

P

01/23/2010

Electronic Signature of Signing Officer or Director

Date