

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000102810

Entity Name: REHAB, INC.

**FILED**  
**Aug 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

16403 SPRING VALLEY ROAD  
DADE CITY, FL 335236343 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1075  
SAN ANTONIO, FL 33576 US

**New Mailing Address:**

FEI Number: 03-0484584

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBERTS, DAVID R JR.  
16403 SPRING VALLEY ROAD  
DADE CITY, FL 33523 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: D  
Name: ROBERTS, DAVID R JR  
Address: 16403 SPRING VALLEY ROAD  
City-St-Zip: DADE CITY, FL 335236343 US

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: DAVID ROBERTS

D

08/24/2011

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

\_\_\_\_\_  
Date