2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000102810

Entity Name: REHAB, INC.

FILED Feb 08, 2012 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|---|--|
| 16403 SPRING VALLEY ROAD DADE CITY, FL 335236343 US | |
| Current Mailing Address: | New Mailing Address: |
| O BOX 1075 AN ANTONIO, FL 33576 US | |
| El Number: 03-0484584 FEI Number Applied For () | FEI Number Not Applicable () Certificate of Status Desired () |
| lame and Address of Current Registered Agent: | Name and Address of New Registered Agent: |
| ROBERTS, DAVID R JR. 6403 SPRING VALLEY ROAD DADE CITY, FL 33523 US | |
| the above named entity submits this statement for the po n the State of Florida. | ourpose of changing its registered office or registered agent, or both |
| SIGNATURE: | |
| Electronic Signature of Registered Age | ent Date |

OFFICERS AND DIRECTORS:

Title: [

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 02/08/2012