

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000111477

FILED
Mar 20, 2009
Secretary of State

Entity Name: FIRST HEALTH REHABILITATION, INC.

Current Principal Place of Business:

4651 SHERIDAN STREET
SUITE 355
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

4651 SHERIDAN STREET
SUITE 355
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 54-2086267 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUDOLF & HOFFMAN, P.A.
615 NE THIRD AVE.
FT. LAUDERDALE, FL 33304 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: D () Delete
Name: FINE, JAMIE A
Address: 3477 DEL MAR AVENUE
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: SUSSMAN, TODD J
Address: 1104 SATINLEAF ST.
City-St-Zip: HOLLYWOOD, FL 33019

Title: D () Delete
Name: FINE, TODD
Address: 10495 CANTERBURY CT
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SUSSMAN, TODD J
Address: 1670 ISLAND WAY
City-St-Zip: WESTON, FL 33326

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TODD FINE

D

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date