2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2012
Secretary of State

DOCUMENT# P02000112546

Entity Name: HARRIS REHAB SERVICES, INC.

Current Principal Place of Business:

650 DOUGLAS AVE STE 1030
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

364 N. SHADOWBAY BLVD
LONGWOOD, FL 32779

Current Mailing Address:

650 DOUGLAS AVE STE 1030
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

364 N. SHADOWBAY BLVD
LONGWOOD, FL 32779

FEI Number: 74-3068110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIS, TANNA
650 DOUGLAS AVE STE 1030
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

HARRIS, TANNA
364 N. SHADOWBAY BLVD
LONGWOOD, FL 32779 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: 01/30/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPST
Name: HARRIS, TANNA
Address: 364 N. SHADOWBAY BLVD
City-St-Zip: LONGWOOD, FL 32779

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: TANNA HARRIS CFO 01/30/2012
Electronic Signature of Signing Officer or Director — Date