


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

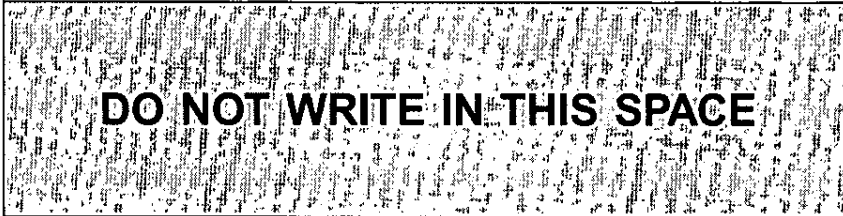
FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # P02000132786 1. Entity Name RAPID REHAB, INC.	
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Principal Place of Business 8910 MIRAMAR PKWY 115 MIRAMAR, FL 33025	Mailing Address 8910 MIRAMAR PKWY 115 MIRAMAR, FL 33025
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02152008 No Chg-P CR2E034 (11/05)



4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DOUGLAS, MICHAEL
8910 MIRAMAR PKWY
#115
MIRAMAR, FL 33025**



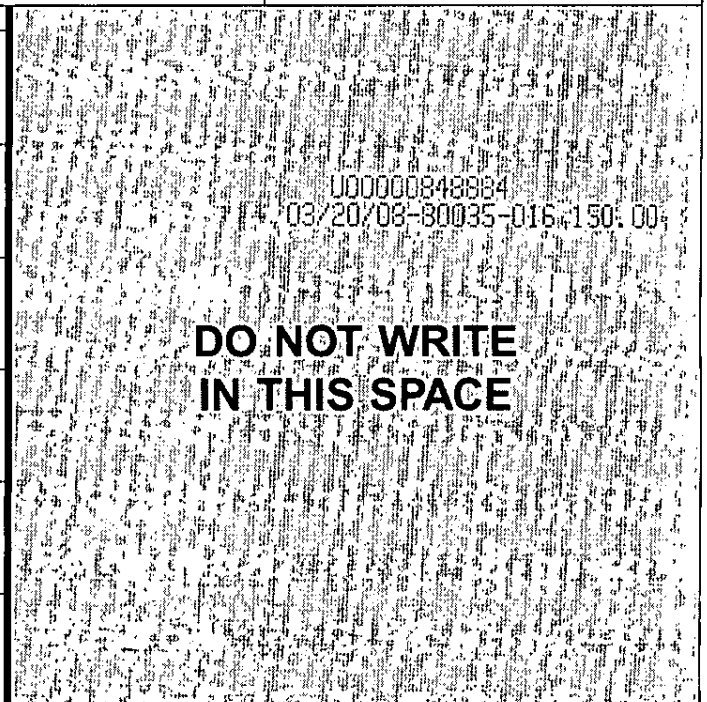
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____


**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, MICHAEL 8910 MIRAMAR PKWY MIRAMAR, FL 33025
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #