

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000000769

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** COMPLETE REHAB AND MEDICAL CENTERS OF POMPANO, INC.

**Current Principal Place of Business:**

150 S. ANDREWS AVENUE  
SUITE 410  
POMPANO, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 741235  
BOYNTON BEACH, FL 33474

**New Mailing Address:**

**FEI Number:** 02-0659234

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BAUER, BRIAN  
4315 W. TRADEWINDS AVE.  
LAUDERDALE BY THE SEA, FL 33308 US

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

BAUER, BRIAN  
3111 NE 43RD STREET  
FT LAUDERDALE, FL 33308 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:

05/03/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BAUER, BRIAN  
Address: 3111 NE 43RD STREET  
City-St-Zip: FT LAUDERDALE, FL 33308

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: BRIAN BAUER

P

05/03/2010

Electronic Signature of Signing Officer or Director

Date