2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024487

Entity Name: USA NEURO, THERAPY & REHAB GROUP, INC.

FILED Jan 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

36349 SOUTH GRAYS AIRPORT RD. 2226 AITKIN LOOP

FRUITLAND PARK, FL 34731 US LEESBURG, FL 34748 US

Current Mailing Address: New Mailing Address:

114 EXECUTIVE CIRCLE BOYNTON BEACH, FL 33436 US

FEI Number: 05-0556199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HIRSCHENSON, ALAN
6363 TAFT STREET
SUITE #101
HOLLYWOOD, FL 33024 US
HIRSCHENSON, ALAN
233 S. FEDERAL HIGHWAY
APT. # 521
BOCA RATON, FL 33432 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: ALAN HIRSCHENSON 01/26/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP () Delete Title: DVP (X) Change () Addition

Name: HIRSCHENSON, ALAN Name: HIRSCHENSON, ALAN

Address: 233 S. FEDERAL HIGHWAY APT#512 Address: 233 S. FEDERAL HIGHWAY APT#521

City-St-Zip: BOCA RATON, FL 33432 US City-St-Zip: BOCA RATON, FL 33432 US

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: ALAN HIRSCHENSON P 01/26/2009