2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# P03000087185

Entity Name: IM REHAB, INC.

Current Principal Place of Business:

1732 CYPRESS TRACE DR.
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

1732 CYPRESS TRACE DR.
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 51-0479601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MELIS, IGMAR
1732 CYPRESS TRACE DR.
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

MELIS, IGMAR PST
1732 CYPRESS TRACE DR.
SAFETY HARBOR, FL 34695 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: IGMAR MELIS 06/15/2009
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: PRES ( ) Delete
Name: MELIS, IGMAR MR
Address: 1732 CYPRESS TRACE DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: MELIS, IGMAR / PST
Address: 1732 CYPRESS TRACE DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695 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: IGMAR MELIS PST 06/15/2009
Electronic Signature of Signing Officer or Director Date