2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000100029

Entity Name: ADVANCED REHABILITATION, INC.

FILED Sep 12, 2009 Secretary of State

w Principal Place of Business:

2907 W. BAY TO BAY BLVD STE 100 TAMPA, FL 33629

New Mailing Address: Current Mailing Address:

2907 W. BAY TO BAY BLVD STE 100 TAMPA, FL 33629 US

FEI Number: 83-0373416 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:

ARRIGO, CHRISTOPHER A 2907 W. BAY TO BAY BLVD 100 TAMPA, FL 33629 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ARRIGO, CHRISTOPHER ARRIGO, CHRISTOPHER Name: Name: 2111 W SWANN AVE STE 100 2907 W. BAY TO BAY BLVD, STE 100 Address: Address:

City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 33629

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

Name: DRAKE, KELLY Name: 2111 W SWANN AVE STE 100 Address: Address: TAMPA, FL 33606 City-St-Zip: City-St-Zip:

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: CHRISTOPHER A. ARRIGO PD 09/12/2009