

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113969

FILED
Apr 29, 2011
Secretary of State

Entity Name: COMPLETE REHAB AND MEDICAL CENTERS OF WEST PALM, INC.

Current Principal Place of Business:

4935 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33417 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 741235
BOYNTON BEACH, FL 33474 US

New Mailing Address:

FEI Number: 26-0057218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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: VALERIE CASTROVINCI

BKPR

04/29/2011

Electronic Signature of Signing Officer or Director

Date