

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000132541

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** FORWARD REHABILITATION OF PALM BEACH, INC.

**Current Principal Place of Business:**

4733 W. ATLANTIC AVE.  
C-14  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

4733 W. ATLANTIC AVE.  
C-14  
DELRAY BEACH, FL 33445

**New Mailing Address:**

**FEI Number:** 20-1646903

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DELVAUX, MARK B PSD  
4733 W. ATLANTIC AVE.  
C-14  
DELRAY BEACH, FL 33445 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: PSD  
Name: DELVAUX, MARK B  
Address: 4733 W. ATLANTIC AVE SUITE C14  
City-St-Zip: DELRAY BEACH, FL 33445

Title: VTD  
Name: KLUDET, PAUL  
Address: 4733 W. ATLANTIC AVE SUITE C14  
City-St-Zip: DELRAY BEACH, FL 33445

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: MARK DELVAUX

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04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date