2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000024782

FILED Feb 25, 2009 Secretary of State

Entity Nan	ne: ONE ON	ONE REHAB, INC.					
Current Pı	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
STE 103	ONIAL BLVD 5, FL 33966						
Current M	ailing Addre	ss:	New Maili	New Mailing Address:			
STE 103	ONIAL BLVD 6, FL 33966						
FEI Number:	Number: 20-4420843 FEI Number Applied For () FEI N		FEI Number Not App	licable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	ONIAL BLVD S	STE 103 US					
The above in the State		submits this statement for the p	ourpose of changing	its registered	office or registered	l agent, or both,	
SIGNATUF							
	Electro	nic Signature of Registered Age	ent		Date		
Election Can	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	RIVERA, LILIA	L BLVD STE #103	Title: Name: Address: City-St-Zip:	RIVERA, LILIA	IAL BLVD STE #103		

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

 Name:
 ROJAS, JAMES
 Name:

 Address:
 3820 COLONIAL BLVD STE #103
 Address:

 City-St-Zip:
 FT. MYERS, L. 33966
 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: JAMES ROJAS VPD 02/25/2009