

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000051628

FILED
May 02, 2012
Secretary of State

Entity Name: REVIVE REHAB, INC.

Current Principal Place of Business:

151 SAWGRASS CORNERS DRIVE
SUITE 117
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

151 SAWGRASS CORNERS DRIVE
SUITE 117
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

FEI Number: 20-4751397 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HUSEMAN, WILLIAM R
3733 UNIVERSITY BLVD., WEST
STE 305-A
JACKSONVILLE, FL 32217 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: PVST
Name: THOPPIL, DARLY
Address: 151 SAWGRASS CORNERS DR., STE 117
City-St-Zip: PONTE VEDRA BEACH, FL 32082 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: DARLY THOPPIL

PVST

05/02/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date