# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 07, 2012**
**Secretary of State**

DOCUMENT# P06000125346

**Entity Name:** HIGHLANDS REHAB, INC.

**Current Principal Place of Business:**

5005 SUN N'LAKE BLVD
SEBRING, FL 33872

**New Principal Place of Business:**

**Current Mailing Address:**

5005 SUN N'LAKE BLVD
SEBRING, FL 33872

**New Mailing Address:**

**FEI Number: 20-5628880** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ISAAC, SR., ROOSEVELT S
347 SOUTH ORANGE AVENUE
ARCADIA, FL 34266 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: MAXIME, ALPHONSUS
Address: 5005 SUN N'LAKE BLVD
City-St-Zip: SEBRING, FL 33872

Title: T
Name: MAXIME, ALPHONSUS
Address: 5005 SUN N'LAKE BLVD
City-St-Zip: SEBRING, FL 33872

Title: VP
Name: PHILIP, NADIA G
Address: 5005 SUN N'LAKE BLVD
City-St-Zip: SEBRING, FL 33872

Title: S
Name: PHILIP, NADIA G
Address: 5005 SUN N LAKE BLVD
City-St-Zip: SEBRING, FL 33872

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: ALPHONSUS MAXIME P 01/07/2012

Electronic Signature of Signing Officer or Director — Date