

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000013443

FILED
Apr 19, 2011
Secretary of State

Entity Name: HEALTH PARTNERS REHAB INC.

Current Principal Place of Business:

1025 W OAK RIDGE ROAD
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

2065 CEDAR GARDEN DRIVE
ORLANDO, FL 32824

New Mailing Address:

2065 CEDAR GARDEN DRIVE
ORLANDO, FL 32824

FEI Number: 20-8478608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PAZ, NEILROCK Y RPT
2065 CEDAR GARDEN DRIVE
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

PAZ, JHOANA C MBA
2065 CEDAR GARDEN DRIVE
ORLANDO, FL 32824 US

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: JHOANA PAZ

04/19/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: JHOANA, PAZ C MBA
Address: 2065 CEDAR GARDEN DRIVE
City-St-Zip: ORLANDO, FL 32824

Title: VICE
Name: PAZ, NEILROCK Y RPT
Address: 2065 CEDAR GARDEN DRIVE
City-St-Zip: ORLANDO, FL 32824

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: JHOANA PAZ

PRES

04/19/2011

Electronic Signature of Signing Officer or Director

Date