

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000119970

FILED
Feb 27, 2011
Secretary of State

Entity Name: REBOUND PHYSICAL THERAPY, INC.

Current Principal Place of Business:

1567 BRONCO DRIVE
MELBOURNE, FL 32940 US

New Principal Place of Business:

3270 SUNTREE BLVD
BOX 26, SUITE 204
MELBOURNE, FL 32940 US

Current Mailing Address:

1567 BRONCO DRIVE
MELBOURNE, FL 32940 US

New Mailing Address:

3270 SUNTREE BLVD
BOX 26, SUITE 204
MELBOURNE, FL 32940 US

FEI Number: 26-1354721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAULKNER, AMY R
1567 BRONCO DRIVE
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

FAULKNER, AMY R
3270 SUNTREE BLVD.
BOX 26, SUITE 204
MELBOURNE, FL 32940 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: AMY R FAULKNER

02/27/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SVD
Name: DECKER, MYRTLE
Address: 5011 DIXIE HIGHWAY NE APT#204
City-St-Zip: PALM BAY, FL 32905 US

Title: PTD
Name: FAULKNER, AMY R
Address: 1567 BRONCO DRIVE
City-St-Zip: MELBOURNE, FL 32935 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: AMY R FAULKNER

PRES

02/27/2011

Electronic Signature of Signing Officer or Director

Date