

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000014917

FILED
Apr 27, 2011
Secretary of State

Entity Name: BROWARD HEALTH & REHAB CORPORATION

Current Principal Place of Business:

8870 W. OAKLAND PARK BLVD., STE 102
SUNRISE, FL 33351

New Principal Place of Business:

8870 W. OAKLAND PARK BLVD.
SUITE 102
SUNRISE, FL 33351

Current Mailing Address:

8870 W. OAKLAND PARK BLVD., STE 102
SUNRISE, FL 33351

New Mailing Address:

8870 W. OAKLAND PARK BLVD.
SUITE 102
SUNRISE, FL 33351

FEI Number: 77-0714746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAY, BARRY
4197 NW 88 AVE
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

FAY, BARRY
8870 W. OAKLAND PARK BLVD.
SUITE 102
SUNRISE, FL 33351 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:

04/27/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: FAY, BARRY
Address: 8870 W. OAKLAND PARK BLVD., STE 102
City-St-Zip: SUNRISE, FL 33351

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: BARRY FAY

PRES

04/27/2011

Electronic Signature of Signing Officer or Director

Date