2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2010
Secretary of State

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Entity Name: PROFESSIONAL REHAB AND WELLNESS, INC.

Current Principal Place of Business:

1128 ROYAL PALM BCH BLVD., #243
ROYAL PALM BCH, FL 33411

New Principal Place of Business:

17281 ORANGE GROVE BOULEVARD
LOXAHATCHEE, FL 33470

Current Mailing Address:

1128 ROYAL PALM BCH BLVD., #243
ROYAL PALM BCH, FL 33411

New Mailing Address:

17281 ORANGE GROVE BOULEVARD
LOXAHATCHEE, FL 33470

FEI Number: 26-2241119 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVERA, DANIELLE
1128 ROYAL PALM BCH BLVD., #243
ROYAL PALM BCH, FL 33411 US

Name and Address of New Registered Agent:

RIVERA, DANIELLE
17281 ORANGE GROVE BOULEVARD
LOXAHATCHEE, FL 33470 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: DANIELLE RIVERA 07/22/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: RIVERA, DANIELLE
Address: 17281 ORANGE GROVE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

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: DANIELLE RIVERA MRS D 07/22/2010
Electronic Signature of Signing Officer or Director Date