

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000044778

**FILED**  
**Jun 09, 2010**  
**Secretary of State**

**Entity Name:** BOYNTON BEACH REHABILITATION CLINIC CORP.

**Current Principal Place of Business:**

6765 SUNSET STRIP STE 1  
SUITE 1  
SUNRISE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

6765 SUNSET STRIP STE 1  
SUITE 1  
SUNRISE, FL 33313

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

HABIBI, KAM  
6765 SUNSET STRIP  
SUITE 1  
SUNRISE, FL 33313 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: OFFI  
Name: HABIBI, KAM  
Address: 6765 SUNSET STRIP, SUITE 1  
City-St-Zip: SUNRISE, FL 33313 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: KAM HABIBI

MGR

06/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date