

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000044778

FILED
Sep 25, 2012
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 UN

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:

BANISI, FARAMARZ
6765 SUNSET STRIP
SUITE 1
SUNRISE, FL 33313 US

Name and Address of New Registered Agent:

HABIBI, KAM
6765 SUNSET STRIP
SUITE 1
SUNRISE, FL 33313 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: KAM HABIBI

Electronic Signature of Registered Agent

09/25/2012

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

Electronic Signature of Signing Officer or Director

MGR

09/25/2012

Date