2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# P08000048657

Entity Name: REHABMED SOUTH INC.

Current Principal Place of Business:

10735 CORY LAKE DR.
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

10735 CORY LAKE DR.
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 26-2638339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL 33612 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: PRES
Name: MERRITT, JOHN
Address: 10735 CORY LAKE DR.
City-St-Zip: TAMPA, FL 33647 US

Title: TRES
Name: MERRITT, STELLA L
Address: 10735 CORY LAKE DR.
City-St-Zip: TAMPA, FL 33647 US

Title: SEC
Name: MERRITT, STELLA
Address: 10735 CORY LAKE DR.
City-St-Zip: TAMPA, FL 33647 US

Title: DIR
Name: MERRITT, JOHN
Address: 10735 CORY LAKE DR.
City-St-Zip: TAMPA, FL 33647 US

Title: DIR
Name: MERRITT, STELLA
Address: 10735 CORY LAKE DR.
City-St-Zip: TAMPA, FL 33647 US

Title: DIR
Name: MERRITT, MD, JOHN
Address: 10735 CORY LAKE DR
City-St-Zip: TAMPA, FL 33647

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: JOHN L MERRITT, MD PRES 04/29/2011

Electronic Signature of Signing Officer or Director — Date