

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000091690

FILED
Jun 09, 2010
Secretary of State

Entity Name: BOCA REHABILITATION CLINIC CORP.

Current Principal Place of Business:

6765 SUNSET STRIP
SUITE 1
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

6765 SUNSET STRIP
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

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