2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2010
Secretary of State

DOCUMENT# P09000018641

Entity Name: WELLNESS AND REHABILITATION CENTER OF POMPANO P.A.

Current Principal Place of Business:

950 N. FEDERAL HWY., #103
POMPANO BCH, FL 33062

New Principal Place of Business:

Current Mailing Address:

950 N. FEDERAL HWY., #103
POMPANO BCH, FL 33062

New Mailing Address:

FEI Number: 26-4398900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FALLON, STEPHANIE
950 N. FEDERAL HWY., #103
POMPANO BCH, FL 33062 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD
Name: FALLON, STEPHANIE
Address: 950 N. FEDERAL HWY., #103
City-St-Zip: POMPANO BCH, FL 33062

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: STEPHANIE FALLON PD 04/13/2010

Electronic Signature of Signing Officer or Director Date