2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2011
Secretary of State

DOCUMENT# P09000018641

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

Current Principal Place of Business:

4701 N. FEDERAL HWY - STE. 445
POMPANO BCH, FL 33064

New Principal Place of Business:

Current Mailing Address:

4701 N. FEDERAL HWY - STE. 445
POMPANO BCH, FL 33064

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 DR.
4701 N. FEDERAL HWY - STE. 445
POMPANO BCH, FL 33064 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: PD
Name: FALLON, STEPHANIE
Address: 4701 N FEDERAL HWY STE 445
City-St-Zip: POMPANO BCH, FL 33064

Title: D
Name: WILSON, DAVID I
Address: 4701 N FEDERAL HWY STE 445
City-St-Zip: POMPANO BEACH, FL 33064

Title: D
Name: BAYMA, FELIPE B
Address: 4701 N FEDERAL HWY STE 445
City-St-Zip: POMPANO BEACH, FL 33064

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 P 04/26/2011

Electronic Signature of Signing Officer or Director — Date