2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2010
Secretary of State

DOCUMENT# P09000025227

Entity Name: M & M REHAB CARE CENTER, INC

Current Principal Place of Business:

1939 DEL PRADO BLVD S UNIT C
CAPE CORAL, FL 33990

New Principal Place of Business:

923 DEL PRADO BLVD
SUITE 106
CAPE CORAL, FL 33990

Current Mailing Address:

1939 DEL PRADO BLVD S UNIT C
CAPE CORAL, FL 33990

New Mailing Address:

923 DEL PRADO BLVD
SUITE 106
CAPE CORAL, FL 33990

FEI Number: 26-4526234 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALL, WILLIAM A
1089 W GRANADA BLVD SUITE 3
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

MARTINI, MARIA T
923 DEL PRADO BLVD
SUITE 106
CAPE CORAL, FL 33990 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: MARIA T MARTINI 03/12/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: MARTINI, MARIA T
Address: 923 DEL PRADO BLVD SUITE 106
City-St-Zip: CAPE CORAL, FL 33990

Title: DR
Name: HALL, WILLIAM A
Address: 1089 W GRANADA BLVD SUITE 3
City-St-Zip: ORMOND BEACH, FL 32174

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: MARIA T MARTINI P 03/12/2010
Electronic Signature of Signing Officer or Director Date