

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000041790

Entity Name: REHAB PROFESSIONALS, INC

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5425 NE 4TH TERRACE  
OAKLAND PARK, FL 33334 US

**New Principal Place of Business:**

**Current Mailing Address:**

5425 NE 4TH TERRACE  
OAKLAND PARK, FL 33334 US

**New Mailing Address:**

FEI Number: 01-0931657

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAYES, CHERYL M  
5425 NE 4TH TERRACE  
OAKLAND PARK, FL 33334 US

**Name and Address of New Registered Agent:**

HAYES, CHERYL M  
4005 SW 15TH ST  
C201  
POMPANO BEACH, FL 33069 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: CHERYL HAYES

03/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HAYES, CHERYL M  
Address: 4005 SW 15TH ST  
City-St-Zip: POMPANO BEACH, FL 33069 US

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: CHERYL HAYES

P

03/22/2011

Electronic Signature of Signing Officer or Director

Date