2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: VOYAGER REHABILITATION, INC.

Current Principal Place of Business:

2030 SOUTHSIDE BOULEVARD
SUITE 2
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

2030 SOUTHSIDE BOULEVARD
SUITE 2
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 27-1125085 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALBERT, JERRY G
2030 SOUTHSIDE BOULEVARD
SUITE 2
JACKSONVILLE, FL 32216 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: D
Name: ALBERT, JERRY G
Address: 13846 SUITE 801 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: D
Name: WILTSHIRE, LINDA K
Address: 27 MACKERAL STREET
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D
Name: LINDSEY, JAMES D
Address: 417 BRIGHT STAR LANE
City-St-Zip: JACKSONVILLE, FL 32225

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: JERRY G. ALBERT VP 03/09/2011

Electronic Signature of Signing Officer or Director — Date