

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000003795

FILED
Feb 16, 2011
Secretary of State

Entity Name: M & M II REHAB CARE CENTER, INC.

Current Principal Place of Business:

4425 PARK BLVD
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

4425 PARK BLVD
PINELLAS PARK, FL 33781

New Mailing Address:

FEI Number: 30-0599281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINI, MARIA T
4425 PARK BLVD
PINELLAS PARK, FL 33781 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: VP
Name: MARTINI, MARIA T
Address: 923 DEL PRADO BLVD
City-St-Zip: CAPE CORAL, FL 33990

Title: P
Name: HALL, WILLIAM A
Address: 1089 W. GRANADA BLVD #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: WILLIAM A HALL

P

02/16/2011

Electronic Signature of Signing Officer or Director

Date