

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000014774

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

**Entity Name:** REHAB HOME HEALTH INC.

**Current Principal Place of Business:**

6789 COBIA CIRCLE  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

2500 QUANTUM LAKES DR  
SUITE 203  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

6789 COBIA CIRCLE  
BOYNTON BEACH, FL 33437

**New Mailing Address:**

2500 QUANTUM LAKES DR  
SUITE 203  
BOYNTON BEACH, FL 33426

**FEI Number:** 27-2184899

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CAMPBELL, CHRISTOPHER  
6789 COBIA CIRCLE  
BOYNTON BEACH, FL 33437 US

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

CAMPBELL, CHRISTOPHER  
2500 QUANTUM LAKES DR  
SUITE 203  
BOYNTON BEACH, FL 33426 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:**

03/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** MR.  
**Name:** CAMPBELL, CHRISTOPHER S  
**Address:** 6789 COBIA CIRCLE  
**City-St-Zip:** BOYNTON BEACH, FL 33437

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:** CHRISTOPHER S CAMPBELL

CEO

03/30/2012

Electronic Signature of Signing Officer or Director

Date