

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000023251

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** REHAB INSTITUTE OF CHACHA OF MOGA INC.

**Current Principal Place of Business:**

2449 PROVENCE CIRCLE  
WESTON, FL 33327 US

**New Principal Place of Business:**

6670 E ROGERS CIR  
BOCA RATON, FL 33487 US

**Current Mailing Address:**

2449 PROVENCE CIRCLE  
WESTON, FL 33327

**New Mailing Address:**

6670 E ROGERS CIR  
BOCA RATON, FL 33487 US

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SEHGAL, KARN V  
2449 PROVENCE CIRCLE  
WESTON, FL 33327 US

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

SEHGAL, KARN V  
6670 E ROGERS CIR  
BOCA RATON, FL 33487 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: KARN SEHGAL

05/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRE  
Name: SEHGAL, KARN V  
Address: 6670 E ROGERS CIR  
City-St-Zip: BOCA RATON, FL 33487 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: KARN SEHGAL

PRE

05/01/2011

Electronic Signature of Signing Officer or Director

Date