2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

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Entity Name: CONSOLIDATED REHABILITATION HEALTH CARE, INC.

Current Principal Place of Business:

4805 ROCK FISH COURT
TAMPA, FL 33617

New Principal Place of Business:

21622 WYTHEVILLE WAY
LUTZ, FL 33549

Current Mailing Address:

4805 ROCK FISH COURT
TAMPA, FL 33617

New Mailing Address:

21622 WYTHEVILLE WAY
LUTZ, FL 33549

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLADOKUN, TIMOTHY O DR.
4805 ROCK FISH COURT
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

OLADOKUN, TIMOTHY O DR.
21622 WYTHEVILLE WAY
LUTZ, FL 33549 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: 04/29/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: OLADOKUN, TIMOTHY O DR.
Address: 21622 WYTHEVILLE WAY
City-St-Zip: LUTZ, FL 33549

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: TIMOTHY OLADOKUN P 04/29/2011
Electronic Signature of Signing Officer or Director Date