

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000066363

FILED
Apr 24, 2012
Secretary of State

Entity Name: CONSOLIDATED REHABILITATION HEALTH CARE, INC.

Current Principal Place of Business:

21622 WYTHEVILLE WAY
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

21622 WYTHEVILLE WAY
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-3623208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLADOKUN, TIMOTHY O DR.
21622 WYTHEVILLE WAY
LUTZ, FL 33549 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: 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

04/24/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date