

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000083119

FILED
Apr 24, 2012
Secretary of State

Entity Name: FLORIDA REHAB PARTNERS, INC.

Current Principal Place of Business:

5979 VINELAND ROAD
SUITE 101
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

5979 VINELAND ROAD
SUITE 101
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 27-3663348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEPPE, MARC R
5979 VINELAND ROAD
SUITE 101
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

MARTIN, JAY T
5979 VINELAND ROAD
SUITE 101
ORLANDO, FL 32819 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: JAY MARTIN

04/24/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MARTIN, JAY T
Address: 5979 VINELAND ROAD, SUITE 101
City-St-Zip: ORLANDO, FL 32819 US

Title: TREA
Name: MARTIN, JAY T
Address: 5979 VINELAND ROAD, SUITE 101
City-St-Zip: ORLANDO, FL 32819 US

Title: SECY
Name: WRIGHT, GREGORY
Address: 5979 VINELAND ROAD, SUITE 101
City-St-Zip: ORLANDO, FL 32819 US

Title: VP
Name: WRIGHT, GREGORY A
Address: 5979 VINELAND ROAD, SUITE 101
City-St-Zip: ORLANDO, FL 32819

Title: PART
Name: DEPPE, MARC
Address: 5979 VINELAND ROAD, SUITE 101
City-St-Zip: ORLANDO, FL 32819

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: JAY MARTIN

VP

04/24/2012

Electronic Signature of Signing Officer or Director

Date