

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000090319

FILED
Feb 18, 2011
Secretary of State

Entity Name: REHAB SOLUTIONS FOR REPORTING, INC.

Current Principal Place of Business:

552382 U.S. HIGHWAY 1
SUITE B
HILLIARD, FL 32046

New Principal Place of Business:

Current Mailing Address:

552382 U.S. HIGHWAY 1
SUITE B
HILLIARD, FL 32046

New Mailing Address:

POST OFFICE BOX 70
HILLIARD, FL 32046

FEI Number: 27-3894880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAHLGREN, STEVEN M
552382 U.S. HIGHWAY 1
SUITE A
HILLIARD, FL 32046 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: DPS
Name: COLLINS, JULIE A
Address: 552382 U.S. HIGHWAY 1, SUITE B
City-St-Zip: HILLIARD, FL 32406

Title: T
Name: FAHLGREN, KIMBERLY
Address: 552382 U.S. HIGHWAY 1, SUITE B
City-St-Zip: HILLIARD, FL 32046

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: /S/ JULIE A. COLLINS

PRES

02/18/2011

Electronic Signature of Signing Officer or Director

Date