

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P13120		
1. Entity Name REBOUND, INC.		

Principal Place of Business ONE HEALTHSOUTH PRKWY BIRMINGHAM, AL 35243 US	Mailing Address P. O. BOX 380546 BIRMINGHAM, AL 35238 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

FILED
06 MAY 16 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282006 Chg-P CR2E034 (11/05) *ob*

4. FEI Number 62-1178229	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

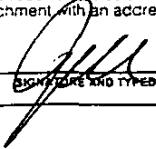
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May 5, 200075650112 Added to Fees 01/06--01039--001 **26900.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD GRINNEY, JAY ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD SNOW, MICHAEL D ONE HEALTHSOUTH PKWAY BIRMINGHAM, AL 35243 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD DOODY, GREGORY L ONE HEALTHSOUTH PKWY BIRMINGHAM, AL ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS DEMARAY, C. DREW ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 ☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MENKE, BRIAN M ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS HICKS, LUCY C ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDP ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS Jody Martin One Healthsouth Pkwy Birmingham AL 35243 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____