2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P13120

1. Entity Name
REBOUND, INC.

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

Principal Place of Business	Mailing Address
ONE HEALTHSOUTH PRKWY BIRMINGHAM, AL 35243 US	P. O. BOX 380546 BIRMINGHAM, AL 35238 US

04282006 Chg-P CR2E034 (11/05) 06

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** Added to Fees

200075650112
01/06--01039--001 **26900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD GRINNEY, JAY ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CDP	☑ Change ☐ Addition
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	VD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD DOODY, GREGORY L ONE HEALTHSOUTH PKWY BIRMINGHAM, AL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS DEMARAY, C. DREW ONE HEALTHSOUH PARKWAY BIRMINGHAM, AL 35243	☒ Delete	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	V MENKE, BRIAN M ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS HICKS, LUCY C ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	☐ Delete	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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #