2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2010
Secretary of State

DOCUMENT# P92000004042

Entity Name: REHABILITATIVE HEALTH, INC.

Current Principal Place of Business:

11410 ROBLES DEL RIO PL
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

9016 E. DEVILSNECK RD.
FLORAL CITY, FL 34436

Current Mailing Address:

11410 ROBLES DEL RIO PL
TEMPLE TERRACE, FL 33617

New Mailing Address:

9016 E. DEVILSNECK RD
FLORAL CITY, FL 34436

FEI Number: 65-0374747 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MICHEL-ZELLNER, JOYCE J
11410 ROBLES DEL RIO PL
TEMPLE TERRACE, FL 33617 US

Name and Address of New Registered Agent:

ZELLNER, JOYCE J
9016 E. DEVILSNECK RD
FLORAL CITY, FL 34436 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: JOYCE J. ZELLNER 03/15/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES
Name: ZELLNER, JOYCE J
Address: 9016 E. DEVILSNECK RD
City-St-Zip: FLORAL CITY, FL 34436

Title: V. P
Name: ZELLNER, JAMES A
Address: 9016 E. DEVILSNECK RD
City-St-Zip: FLORAL CITY, FL 34436

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: JOYCE J. ZELLNER PRES 03/15/2010
Electronic Signature of Signing Officer or Director Date