

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000004042

FILED
Jan 06, 2012
Secretary of State

Entity Name: REHABILITATIVE HEALTH, INC.

Current Principal Place of Business:

9016 E. DEVILSNECK RD.
FLORAL CITY, FL 34436

New Principal Place of Business:

Current Mailing Address:

9016 E. DEVILSNECK RD.
FLORAL CITY, FL 34436

New Mailing Address:

FEI Number: 65-0374747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZELLNER, JOYCE J
9016 E. DEVILSNECK RD
FLORAL CITY, FL 34436 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: 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

01/06/2012

Electronic Signature of Signing Officer or Director

Date