

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000035378

Entity Name: OPTIMUM REHAB, INC.

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

142 W. LAKEVIEW AVE. #2010
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

142 W. LAKEVIEW AVE. #2010
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 59-3237870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORWATH, BILL
172 OAK GROVE CIRCLE
LAKE MARY, FL 32746 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HORWATH, SUSAN
Address: 172 OAK GROVE CIRCLE
City-St-Zip: LAKE MARY, FL

Title: VP () Delete
Name: HORWATH, BILL
Address: 172 OAK GROVE CIRCLE
City-St-Zip: LAKE MARY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BILL HORWATH

VP

01/04/2008

Electronic Signature of Signing Officer or Director

Date