2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2010
Secretary of State

DOCUMENT# P95000057995

Entity Name: BROWARD REHAB CENTER, INC.

Current Principal Place of Business:

2659 W OAKLAND PL BLVD
LAUDERDALE LAKES, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

2659 W OAKLAND PL BLVD
LAUDERDALE LAKES, FL 33311 US

New Mailing Address:

FEI Number: 59-3322692 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, BONNIE S CPA
9050 PINES BLVD
SUITE 301
PEMBROKE PINES, FL 33024 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: VP
Name: LEWIN, HARLEY
Address: 2659 W OAKLAND PARK BLVD
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: P
Name: LEWIN, ROBERT
Address: 2659 W OAKLAND PK BLVD
City-St-Zip: FORT LAUDERDALE, FL 33311

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: ROBERT LEWIN P 02/18/2010

Electronic Signature of Signing Officer or Director Date