

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000049438

Entity Name: REHAB MASTER, INC.

FILED  
Feb 28, 2008  
Secretary of State

## Current Principal Place of Business:

765 BAMBOO DRIVE  
BOCA RATON, FL 33432

## New Principal Place of Business:

## Current Mailing Address:

765 BAMBOO DRIVE  
BOCA RATON, FL 33432

## New Mailing Address:

FEI Number: 65-0690280

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSS, GREG  
311 SE 10TH CT  
FT LAUDERDALE, FL 33316 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: PST ( ) Delete  
Name: ROSS, FRONA S  
Address: 765 BAMBOO DRIVE  
City-St-Zip: BOCA RATON, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: FRONA ROSS

PST

02/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date