

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000054376

FILED
Jan 11, 2008
Secretary of State

Entity Name: REHAB GROUP OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

BAPTIST HOSPITAL - REHAB
8900 N. KENDALL DR
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

8900 N. KENDALL DRIVE
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0685610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TANNENBAUM, MICHAEL D
STE 304, 2161 PALM BEACH LAKES BLVD
W PALM BEACH, FL 33409 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: AIKEN, BRADLEY
Address: BAPTIST HOSPITAL - REHAB, 8900 N KENDALL
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AIKEN, BRADLEY
Address: BAPTIST HOSPITAL - REHAB, 8900 N KENDALL
City-St-Zip: MIAMI, FL 33176 US

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: BRADLEY AIKEN

P

01/11/2008

Electronic Signature of Signing Officer or Director

Date