2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

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Entity Name: TAMARAC REHABILITATION AND HEALTH CENTER, INC.

Current Principal Place of Business:

7901 NORTH WEST 88TH AVENUE
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

5310 NORTH WEST 33RD AVENUE
SUITE 211
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-0721902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEISMAN, BARTON D
5310 NORTH WEST 33RD AVENUE
SUITE 211
FORT LAUDERDALE, FL 33309 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: CHRM
Name: WEISMAN, BARTON D.
Address: 5310 NW 33 AVE #211
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: VP
Name: KANTROWITZ, BARRY
Address: 5310 NW 33 AVE #211
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: ST
Name: LIPSCHUTZ, HOWARD L.
Address: 5310 NW 33 AVE #211
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: PRES
Name: WEISMAN, ANDREW S.
Address: 5310 NW 33 AVE #211
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: AST
Name: KROEGER, KEITH
Address: 5310 NW 33 AVE #211
City-St-Zip: FT. LAUDERDALE, FL 33309

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: BARTON D WEISMAN CHRM 03/15/2011

Electronic Signature of Signing Officer or Director — Date