2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2011
Secretary of State

DOCUMENT# P97000000313

Entity Name: FUNCTIONAL REHABILITATION, INC.

Current Principal Place of Business:

799 APPLEBY ST
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 810835
BOCA RATON, FL 33481

New Mailing Address:

FEI Number: 65-0719947 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POMPILE, DOMENIC J
799 APPLEBY ST
BOCA RATON, FL 33487 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: PTD
Name: POMPILE, DOMENIC J
Address: P.O. BOX 810835
City-St-Zip: BOCA RATON, FL 33481

Title: PTD
Name: POMPILE, DOMENIC J
Address: P.O. BOX 810835
City-St-Zip: BOCA RATON, FL 33481

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: DOMENIC J. POMPILE MR. 01/12/2011

Electronic Signature of Signing Officer or Director — Date