

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000045404

Entity Name: MEDICAL REHAB, INC.

FILED
Aug 13, 2008
Secretary of State

Current Principal Place of Business:

4545-2 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32207

New Principal Place of Business:

646 EAST UNION STREET
JACKSONVILLE, FL 32206

Current Mailing Address:

4545-2 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32207

New Mailing Address:

700 EAST UNION STREET
JACKSONVILLE, FL 32206

FEI Number: 59-3447660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENSBY, LESIA A
4545-2 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

OWENSBY, LESIA A
646 EAST UNION STREET
JACKSONVILLE, FL 32206 US

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:

08/13/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: OWENSBY, LESIA A
Address: 4545-2 ST AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32207 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: OWENSBY, LESIA A
Address: 646 EAST UNION STREET
City-St-Zip: JACKSONVILLE, FL 32206 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: LESIA A. OWENSBY

MGMR

08/13/2008

Electronic Signature of Signing Officer or Director

Date