

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000013218

FILED
Apr 10, 2010
Secretary of State

Entity Name: OPTIMUM FUNCTION REHAB, INC.

Current Principal Place of Business:

5311 SW 57TH STREET
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

5311 SW 57TH STREET
DAVIE, FL 33314

New Mailing Address:

FEI Number: 65-0817342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIBOWITZ, JERRY D
3181 W HALLANDALE BCH BLVD
PEMBROKE PARK, FL 33009 US

Name and Address of New Registered Agent:

LEIBOWITZ, JERRY D
10610 N. 30TH ST
12 C
TAMPA, FL 33612 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: JERRY LEIBOWITZ

04/10/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: ROBINSON, BEATRIZ
Address: 5311 S.W. 57TH STREET
City-St-Zip: DAVIE, FL 33314

Title: VPTS
Name: ROBINSON, BEATRIZ
Address: 5311 S.W. 57TH STREET
City-St-Zip: DAVIE, FL 33314

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: BEATRIZ ROBINSON

PRES

04/10/2010

Electronic Signature of Signing Officer or Director

Date