2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2011
Secretary of State

DOCUMENT# P98000013218

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
10610 N. 30TH ST
12 C
TAMPA, FL 33612 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: 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 PD 01/31/2011

Electronic Signature of Signing Officer or Director — Date