

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000017489

Entity Name: REHAB POINT, INC.

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

38029 MEDICAL CTR AVE  
ZEPHYRHILLS, FL 33540

**New Principal Place of Business:**

**Current Mailing Address:**

38029 MEDICAL CTR AVE  
ZEPHYRHILLS, FL 33540

**New Mailing Address:**

FEI Number: 65-0913243

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DRAGAN, ROBERT J  
38026 MEDICAL CENTER AVE  
ZEPHYRHILLS, FL 33541 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DRAGAN, ROBERT J  
Address: 38026 MEDICAL CENTER AVE  
City-St-Zip: ZEPHYRHILLS, FL 33540

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: R DRAGAN

PRES

01/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date