2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P99000020525

Entity Name: ALLIED REHABILITATION SERVICES, INC.

Current Principal Place of Business:

8854 NORTH PASSAGE WAY
TEQUESTA, FL 33469

New Principal Place of Business:

Current Mailing Address:

8854 NORTH PASSAGE WAY
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 65-0922209 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

M.F. ASSOCIATES, INC.
222 U S HIGHWAY ONE
208
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

M.F. ASSOCIATES, INC.
222 U S HIGHWAY ONE
SUITE 208
TEQUESTA, FL 33469 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: 03/24/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: POSNER, MYRNA
Address: 8854 NORTH PASSAGE WAY
City-St-Zip: TEQUESTA, FL 33469

Title: VP ( ) Delete
Name: JOHNSON, B. SCOTT
Address: 8854 NORTH PASSAGE WAY
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MYRNA POSNER P 03/24/2009
Electronic Signature of Signing Officer or Director — Date