2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P99000031420

Entity Name: BASELINE REHABILITATION, INC.

Current Principal Place of Business:

100 W GORE ST
SUITE 204
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

100 W GORE ST
SUITE 204
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-3569218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NICKERSON, BRIAN
100 WEST GORE ST
SUITE 204
ORLANDO, FL 32806 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: PD ( ) Delete
Name: WHITAKER, ROBERT
Address: 1305 MADISON IVY CIR
City-St-Zip: APOPKA, FL 32703

Title: VP ( ) Delete
Name: NICKERSON, BRIAN
Address: 130 AVERY LAKE DR
City-St-Zip: WINTER SPRINGS, FL 32708

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: BRIAN NICKERSON VP 04/16/2009

Electronic Signature of Signing Officer or Director — Date