

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000043816

Entity Name: M & M REHAB, INC.

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2300 SE 17TH ST, SUITE 401  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

2300 SE 17TH ST, SUITE 401  
OCALA, FL 34471

**New Mailing Address:**

FEI Number: 59-3575573

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VERO, FRANK M  
2300 SE 17TH ST, SUITE 401  
OCALA, FL 34471 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: D  
Name: VERO, FRANK M  
Address: 2300 SE 17TH ST, SUITE 401  
City-St-Zip: Ocala, FL 34471

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: FRANK M. VERO

PRES

02/19/2010

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

\_\_\_\_\_  
Date