

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000085102

FILED
Feb 24, 2011
Secretary of State

Entity Name: REHAB 1 OF CHARLOTTE COUNTY, INC.

Current Principal Place of Business:

4166 TAMIAMI TRAIL
SUITE A
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

4166 TAMIAMI TRAIL
SUITE A
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 65-0948256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HIZON, CHRISTINE J
4166 TAMIAMI TRAIL
SUITE A
PORT CHARLOTTE, FL 33952 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: STOM
Name: HIZON, CHRISTINE J
Address: 24375 SUNCOAST BLVD
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: PA
Name: HIZON, WINDEL P
Address: 24375 SUNCOAST BLVD
City-St-Zip: PORT CHARLOTTE, FL 33980

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: CHRISTINE J HIZON

STOM

02/24/2011

Electronic Signature of Signing Officer or Director

Date