2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S73459

City-St-Zip: POMPANO BEACH, FL 33060

Entity Name: QUALITY REHAB SYSTEMS, INC.

FILED Mar 04, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of	New Principal Place of Business:	
911 E. ATLAN 106	TIC BLVD					
POMPANO BE	EACH, FL 3	33060	US			
Current Mailing Address:				New Mailing Address:	New Mailing Address:	
911 E. ATLAN 106	TIC BLVD					
POMPANO BE	EACH, FL 3	33060	US			
FEI Number: 65-	0260951	FEI Nun	nber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Nan				Name and Address of N	ame and Address of New Registered Agent:	
GILMOUR, KIMBERLY A ESQUIRE 4179 DAVIE ROAD SUITE 101 DAVIE, FL 33314 US						
The above nar in the State of		submits ti	his statement for the	purpose of changing its registered c	office or registered agent, or both,	
SIGNATURE:						
Electronic Signature of Registered Agent				ent	Date	
Election Campai	gn Financing	g Trust Fu	nd Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
	() ANTANELLA, T 1 E. ATLANTI			Title: () Name: Address:) Change () Addition	

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: THERESA PANTANELLA P 03/04/2009