

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J67196

**Entity Name:** THE REHABILITATION & HUMAN PERFORMANCE CENTER,  
INCORPORATED

**Current Principal Place of Business:**

4820 NEWBERRY RD  
GAINESVILLE, FL 32607

**Current Mailing Address:**

4035 NW 43RD STREET  
GAINESVILLE, FL 32606 US

**FEI Number:** 59-2798616

**Certificate of Status Desired:** No

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

KLINE, MICHAEL  
4035 NW 43RD STREET  
GAINESVILLE, FL 32606 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:** MICHAEL KLINE

04/30/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                      |                 |                      |
|-----------------|----------------------|-----------------|----------------------|
| Title           | PST                  | Title           | D                    |
| Name            | CIRULLI, JOSEPH      | Name            | CIRULLI, JOSEPH      |
| Address         | 4035 NW 43RD STREET  | Address         | 4035 NW 43RD STREET  |
| City-State-Zip: | GAINESVILLE FL 32606 | City-State-Zip: | GAINESVILLE FL 32606 |

*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:** MICHAEL KLINE

CFO

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date