

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000082920

Entity Name: REHAB PLUS PHYSICAL THERAPY, INC.

Current Principal Place of Business:

5620 B CHERRY STREET
CALLAWAY, FL 32404

Current Mailing Address:

5620 B CHERRY STREET
CALLAWAY, FL 32404 US

FEI Number: 45-3417071

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WOOTEN, RICHARD M
141 WHITE OAK BLVD
SOUTHPORT, FL 32409 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P, D
Name WOOTEN, RICHARD M
Address 141 WHITE OAK BLVD
City-State-Zip: SOUTHPORT FL 32409

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: RICHARD WOOTEN

PRESIDENT/DIRECTOR

04/08/2014

Electronic Signature of Signing Officer/Director Detail

Date