



Form Revision Date 07/2016

MI PROFIT CORP ANNUAL REPORT (YEARS: 1997-PRESENT)

(Required by Section 911, Act 284, Public Act of 1972)

The identification number assigned by the Bureau is: 800759100

Annual Report Filing Year: 2018

1. Corporation Name:

A&C REHABILITATION, INC.

2. The street address of the corporation's registered office and the name of the resident agent at that office:

1. Resident Agent Name: CHRIS SHEPPARD

2. Street Address: 725 BARCLAY, SUITE 200

Apt/Suite/Other:

City: ROCHESTER HILLS

State: MI

Zip Code: 48307

3. Mailing address of the corporation's registered office:

P.O. Box or Street Address: P. O. BOX 70248

Apt/Suite/Other: SUITE 200

City: ROCHESTER HILLS

State: MI

Zip Code: 48307

4. Provide the names and business or residence addresses of the corporations board of directors and its president, treasurer, and secretary:

| Title | Name | Residence or Business Address |
|-----------|-------------------------|------------------------------------------------|
| PRESIDENT | CHRISTOPHER I SHEPPARD | P. O. BOX 70248, ROCHESTER HILLS, MI 48307 USA |
| TREASURER | CHRISTOPHER I. SHEPPARD | P. O. BOX 70248, ROCHESTER HILLS, MI 48307 USA |
| SECRETARY | CHRISTOPHER I SHEPPARD | P. O. BOX 70248, ROCHESTER HILLS, MI 48307 USA |
| DIRECTOR | CHRISTOPHER I SHEPPARD | P. O. BOX 70248, ROCHESTER HILLS, MI 48307 USA |

5. Describe the general nature and kind of business in which the corporation is engaged in during the year covered by this report:
RESIDENTIAL REHABILITATION OF THOSE THAT HAVE SUFFERED TRAUMATIC BRAIN INJURY.

This document must be signed by an authorized officer or agent:

Signed this 11th Day of September, 2018 by:

| Signature | Title | Title if "Other" was selected |
|------------------------|------------------|-------------------------------|
| Christopher i Sheppard | Authorized Agent | |

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the 2018 ANNUAL REPORT

for

A&C REHABILITATION, INC.

ID Number: 800759100

received by electronic transmission on September 11, 2018 , ***is hereby endorsed.***

Filed on September 11, 2018, ***by the Administrator.***

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 11th day of September, 2018.

A handwritten signature in cursive script, appearing to read "Julia Dale".

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau