

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084400

FILED
Mar 06, 2012
Secretary of State

Entity Name: SPRING HILL REHAB & LYMPHEDEMA CENTER, INC.

Current Principal Place of Business:

12587 SPRING HILL DRIVE
SPRING HILL, FL 34609

New Principal Place of Business:

12587 SPRING HILL DR.
SPRING HILL, FL 34609

Current Mailing Address:

17222 HOSPITAL BLVD.
SUITE 346
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 59-3748295 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KNAPP, ROBERT D PRES
8356 ELDRIDGE ROAD
SPRING HILL, FL 34608 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: VP
Name: BOWERS-KNAPP, MARILYN
Address: 8356 ELDRIDGE RD
City-St-Zip: SPRING HILL, FL 34608

Title: PRES
Name: KNAPP, ROBERT D
Address: 8356 ELDRIDGE RD
City-St-Zip: SPRING HILL, FL 34608

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: ROBERT KNAPP

PRES

03/06/2012

Electronic Signature of Signing Officer or Director

Date