

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000053537

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Entity Name:** A-1 REHAB STAFFING INC.

**Current Principal Place of Business:**

3030 ST JAMES DR.  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

3030 ST JAMES DR.  
BOCA RATON, FL 33434

**New Mailing Address:**

**FEI Number:** 20-0873052

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STORCH, CRAIG L  
3030 SAINT JAMES DR  
BOCA RATON, FL 33434 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: P  
Name: STORCH, CRAIG L  
Address: 3030 ST JAMES DR.  
City-St-Zip: BOCA RATON, FL 33434

Title: ST  
Name: STORCH, EILEEN  
Address: 3030 ST JAMES DR.  
City-St-Zip: BOCA RATON, FL 33434

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: CRAIG STORCH

PRES

03/23/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date