

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000053116

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** VOCATIONAL REHAB SOLUTIONS INC.

**Current Principal Place of Business:**

608 MISTY POND CT.  
BRADENTON, FL 34212

**New Principal Place of Business:**

**Current Mailing Address:**

608 MISTY POND CT.  
BRADENTON, FL 34212

**New Mailing Address:**

**FEI Number:** 27-2948564      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ROTHARD, ANITA B  
608 MISTY POND CT  
BRADENTON, FL 34212      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: ROTHARD, ANITA B  
Address: 608 MISTY POND CT  
City-St-Zip: BRADENTON, FL 34212

Title: VP  
Name: ROTHARD, DONALD L  
Address: 608 MISTY POND CT.  
City-St-Zip: BRADENTON, FL 34212

Title: SEC  
Name: ROTHARD, ANITA B  
Address: 608 MISTY POND CT  
City-St-Zip: BRADENTON, FL 34212

Title: TRES  
Name: ROTHARD, ANITA B  
Address: 608 MISTY POND CT  
City-St-Zip: BRADENTON, FL 34212

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: ANITA B. ROTHARD

PRES

02/09/2012

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

\_\_\_\_\_ Date