

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000065187

FILED
May 17, 2012
Secretary of State

Entity Name: I.C. PHYSICAL REHABILITATION SERVICES, INC.

Current Principal Place of Business:

814 SW 11 AVE
CAPE CORAL, FL 33991 US

New Principal Place of Business:

Current Mailing Address:

814 SW 11 AVE
CAPE CORAL, FL 33991 US

New Mailing Address:

FEI Number: 45-2790830 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CASTRO PUIG, INES
814 SW 11 AVE.
CAPE CORAL, FL 33991 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: CASTRO PUIG, INES
Address: 814 SW 11 AVE
City-St-Zip: CAPE CORAL, FL 33991 US

Title: VP
Name: ALVAREZ, FABIAN
Address: 814 SW 11 AVE
City-St-Zip: CAPE CORAL, FL 33991 US

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: INES CASTRO PUIG

P

05/17/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date