

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000076662

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** ACTION DISABILITY CLINICS OF NORTH AMERICA, INC.

**Current Principal Place of Business:**

9420 JOHNSON STREET  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

9420 JOHNSON STREET  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

**FEI Number:** 35-2420214

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WESSLING, KENNETH R  
4652 POINCIANA ST.  
# 7  
LAUDERDALE-BY-THE-SEA, FL 33308 US

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

WESSLING, KENNETH R  
4236 SEA GRAPE DRIVE  
# 5-A  
LAUDERDALE-BY-THE-SEA, FL 33308 US

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

04/19/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: EICHELHART,, BRIAN G  
Address: 9420 JOHNSON ST.  
City-St-Zip: PEMBROKE PINES, FL 33024 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: BRIAN G. EICHELHART

PRES

04/19/2012

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

\_\_\_\_\_  
Date