# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 14, 2012**
**Secretary of State**

DOCUMENT# P93000000866

**Entity Name:** CARE PLUS INJURY REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

1125 NE 125 ST.
STE 100
N. MIAMI, FL 33161 US

**New Principal Place of Business:**

**Current Mailing Address:**

1125 NE 125 ST.
STE 100
N. MIAMI, FL 33161 US

**New Mailing Address:**

**FEI Number: 65-0374847** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

WENDROW, MICHAEL S
1125 NE 125TH ST.
STE. 100
NORTH MIAMI, FL 33161 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: PSTD
Name: WENDROW, MICHAEL S
Address: 1125 NE 125TH ST., STE. 100
City-St-Zip: NORTH MIAMI, FL 33161

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: DR. MICHAEL S. WENDROW PSTD 02/14/2012

Electronic Signature of Signing Officer or Director Date