

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 516392

FILED  
Mar 08, 2012  
Secretary of State

**Entity Name:** THE BEACHCOMBER REHABILITATION, INC.

**Current Principal Place of Business:**

4493 N. OCEAN BLVD  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

4493 N. OCEAN BLVD  
DELRAY BEACH, FL 33483

**New Mailing Address:**

FEI Number: 59-1696573

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRYAN, JOSEPH R  
4493 NORTH OCEAN BLVD.  
DELRAY BEACH, FL 33483 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: PD  
Name: BRYAN, JOSEPH R  
Address: 4493 N. OCEAN BLVD.  
City-St-Zip: DELRAY BEACH, FL 33483

Title: CD  
Name: BRYAN, JAMES A JR  
Address: 2271 SOUTH FLAGLER AVE  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: SD  
Name: BRYAN, FRANK R  
Address: 5505 STONEYBROKE CT  
City-St-Zip: FAIR OAKS, CA 95628

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: FRANK R BRYAN

SD

03/08/2012

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

\_\_\_\_\_ Date