

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002472

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** HEALTH AND REHABILITATION CONSULTANTS, INC.

**Current Principal Place of Business:**

PHYSICAL THERAPY OF SANIBEL  
4301 SANIBEL-CAPTIVA ROAD  
SANIBEL ISLAND, FL 33957

**New Principal Place of Business:**

**Current Mailing Address:**

PHYSICAL THERAPY OF SANIBEL  
4922 COLUMBIA RD  
CEDARBURG, WI 53012

**New Mailing Address:**

**FEI Number:** 39-1550272

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PT  
Name: OLSEN, JOANNE  
Address: 8679 PLEASANT VALLEY ROAD  
City-St-Zip: SAUKVILLE, WI 53080

Title: VS  
Name: OLSEN, DONALD  
Address: 8679 PLEASANT VALLEY ROAD  
City-St-Zip: SAUKVILLE, WI 53080

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: JOANNE OLSEN

PT

04/10/2012

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

\_\_\_\_\_  
Date