2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J36457

FILED Apr 14, 2011 Secretary of State

Entity Name: OCCUPATIONAL AND REHABILITATION CENTER, P.A.

Current Principal Place of Business: New Principal Place of Business:

6144 GAZEBO PARK PLACE 6144 GAZEBO PARK PLACE S STE. 101

STE. 101

JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257

Current Mailing Address: New Mailing Address:

6144 GAZEBO PARK PLACE 6144 GAZEBO PARK PLACE S

STE. 101 STE. 101

JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257

FEI Number: 59-2720233 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

OTEYZA, CARLOS A OTEYZA, CARLOS A

8226 CHESTER LAKE ROAD NORTH 6144 GAZEBO PARK PLACE S

JACKSONVILLE, FL 32256 STE. 101 JACKSONVILLE, FL 32257 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: 04/14/2011

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

OTEYZA, CARLOS A Name:

6144 GAZEBO PARK PLACE S STE 101 Address:

City-St-Zip: JACKSONVILLE, FL 32257

Title: VΡ

Name: TAN, JACKSON C DR

6144 GAZEBO PARK PL. S # 101 Address:

JACKSONVILLE, FL 32257 City-St-Zip:

Title: SEC

OTEYZA, CARLOS A DR Name: 6144 GAZEBO PARK PL. S # 101 Address: City-St-Zip: JACKSONVILLE, FL 32257

Title:

TAN, JACKSON C DR. Name:

6144 GAZEBO PARK PL. S # 101 Address: City-St-Zip: JACKSONVILLE, FL 32257

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: CARLOS OTEYZA PD 04/14/2011