2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K82962

FILED Apr 29, 2011 Secretary of State

Date

Entity Name: THERACARE REHABILITATIVE SERVICES, INC.

Electronic Signature of Registered Agent

Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
0689 N KENDALL DR 321				
MIAMI, FL 33176 US				
Current Mailing Address:		New Mailing Address:		
0689 N KENDALL DR				
321 MIAMI, FL 33176 US				
El Number: 65-0198594	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
FRANCO, VICTORIA R 0689 N KENDALL DR 321				
MIAMI, FL 33176 US				
The above named entity on the State of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				

OFFICERS AND DIRECTORS:

Title: PD

Name: FRANCO, VICTORIA R Address: 10689 N KENDALL DR #321

City-St-Zip: MIAMI, FL 33176

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: VICTORIA R FRANCO PD 04/29/2011