# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 05, 2009**
**Secretary of State**

DOCUMENT# M20249

**Entity Name:** ORTHOPEDIC REHABILITATION SPECIALISTS, INC.

**Current Principal Place of Business:**

8720 N. KENDALL DR.
206
MIAMI, FL 33176 US

**New Principal Place of Business:**

**Current Mailing Address:**

GELBER & COMPANY
11450 INTERCHANGE CIRCLE NORTH
MIRAMAR, FL 33025 US

**New Mailing Address:**

8720 N. KENDALL DR.
206
MIAMI, FL 33176 US

**FEI Number: 59-2641731** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

KRAMER, ROBERT M.
4000 HOLLYWOOD BLVD., SUITE 485 SOUTH
HOLLYWOOD, FL 33021 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: WILK, BRUCE,
Address: 8720 N. KENDALL DR., #206
City-St-Zip: MIAMI, FL

Title: STD ( ) Delete
Name: STENBACK, JEFFREY
Address: 8720 NO KENDALL DRIVE
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: WILK, BRUCE,
Address: 8720 NO. KENDALL DR., #206
City-St-Zip: MIAMI, FL 33176

Title: STD (X) Change ( ) Addition
Name: STENBACK, JEFFREY
Address: 8720 NO, KENDALL DRIVE, #206
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRUCE R., WILK, P.T., O.C.S. PRES 02/05/2009

Electronic Signature of Signing Officer or Director Date