2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2011
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:

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

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

Title: STD
Name: STENBACK, JEFFREY
Address: 8720 NO, KENDALL DRIVE, #206
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: BRUCE R. WILK PRES 02/16/2011

Electronic Signature of Signing Officer or Director Date