

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000004343

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** INTERNATIONAL ASSOCIATION OF REHABILITATION PROFESSIONALS, INC., FLORIDA  
CHAPTER

**Current Principal Place of Business:**

2217 SW 24TH STREET  
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

2217 SW 24TH STREET  
MIAMI, FL 33145

**New Mailing Address:**

**FEI Number:** 59-3244248      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

EAKES, SPENCER  
2217 SW 24TH STREET  
MIAMI, FL 33145 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: P  
Name: EAKES, SPENCER  
Address: 2217 SW 24TH STREET  
City-St-Zip: MIAMI, FL 33145

Title: D  
Name: CARLISLE, JEFFREY  
Address: 4015 FISHERMAN COVE CT.  
City-St-Zip: LUTZ, FL 33558

Title: T  
Name: CASH-HOWARD, ROBYNANNE  
Address: P.O. BOX 2074  
City-St-Zip: SEFFNER, FL 33583

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBYNANNE CASH-HOWARD

T

02/17/2011

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

\_\_\_\_\_  
Date