

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 21, 2011
Secretary of State

DOCUMENT# N02000004343

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 ()****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:** PE
Name: HELLIER, LISA
Address: 4604 ATLANTIC BLVD., 1-B
City-St-Zip: JACKSONVILLE, FL 32207**Title:** T
Name: POWERS, LORRAINE
Address: 436 8TH STREET
City-St-Zip: WEST PALM BEACH, FL 33401

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: LORRAINE POWERS

T

04/21/2011

Electronic Signature of Signing Officer or Director

Date