

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007307

FILED
Sep 13, 2009
Secretary of State

Entity Name: INDEPENDENT CLINICAL REHABILITATION RESEARCH, INC.

Current Principal Place of Business:

5757 BOOTH ROAD
BUILDING 100
JACKSONVILLE, FL 322075981

New Principal Place of Business:

1843 CHRISTOPHER POINT RD S
JACKSONVILLE, FL 322172359

Current Mailing Address:

5757 BOOTH ROAD
BUILDING 100
JACKSONVILLE, FL 322075981

New Mailing Address:

1843 CHRISTOPHER POINT RD S
JACKSONVILLE, FL 322172359

FEI Number: 81-0590525 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SAFER, ELIOT J ESQ
10110 SAN JOSE BLVD
JACKSONVILLE, FL 32216 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: DP () Delete
Name: MUENZ, JOHN A JR, MD
Address: 5757 BOOTH ROAD, BUILDING 100
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: ROBERTS, DONALD
Address: 5757 BOOTH ROAD, BUILDING 100
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: MAYFIELD, CLIFFORD
Address: 5757 BOOTH ROAD, BUILDING 100
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: MCGARITY, DON
Address: 5757 BOOTH ROAD, BUILDING 100
City-St-Zip: JACKSONVILLE, FL 32207

Title: VCFO () Delete
Name: MUENZ, LAURIE K
Address: 5757 BOOTH ROAD, BUILDING 100
City-St-Zip: JACKSONVILLE, FL 32207

Title: V () Delete
Name: ROBINSON, GEORGE I
Address: 5757 BOOTH ROAD, BUILDING 100
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: JOHN A. MUENZ, JR., M.D.

DP

09/13/2009

Electronic Signature of Signing Officer or Director

Date