

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089453

FILED
Mar 31, 2011
Secretary of State

Entity Name: CERTIFIED REHABILITATION CENTER OF FLORIDA, INC.

Current Principal Place of Business:

1650 LYNDON FARM CT.
STE 201
LOUISVILLE, KY 40223

New Principal Place of Business:

Current Mailing Address:

1650 LYNDON FARM CT.
STE 201
LOUISVILLE, KY 40223

New Mailing Address:

FEI Number: 58-2574317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: BUFFORD, RANDALL J
Address: 1650 LYNDON FARM CT., STE 201
City-St-Zip: LOUISVILLE, KY 40223 US

Title: VP
Name: CALDWELL, PHILLIP A
Address: 1650 LYNDON FARM CT., STE 201
City-St-Zip: LOUISVILLE, KY 40223 US

Title: ST
Name: VAN CAMP, STEVEN A
Address: 1650 LYNDON FARM CT., STE 201
City-St-Zip: LOUISVILLE, KY 40223 US

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: ANNE MEYER

POA

03/31/2011

Electronic Signature of Signing Officer or Director

Date