

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089453

FILED
Mar 31, 2012
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:

303 N. HURSTBOURNE PARKWAY SUITE 200
LOUISVILLE, KY 40222 US

Current Mailing Address:

1650 LYNDON FARM CT.
STE 201
LOUISVILLE, KY 40223

New Mailing Address:

303 N. HURSTBOURNE PARKWAY SUITE 200
LOUISVILLE, KY 40222 US

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 P
Address: 303 N. HURSTBOURNE PARKWAY SUITE 200
City-St-Zip: LOUISVILLE, KY 40222 US

Title: EVPC
Name: CALDWELL, PHILLIP A EVPC
Address: 303 N. HURSTBOURNE PARKWAY SUITE 200
City-St-Zip: LOUISVILLE, KY 40222 US

Title: VPS
Name: VAN CAMP, STEVEN A VPS
Address: 303 N. HURSTBOURNE PARKWAY SUITE 200
City-St-Zip: LOUISVILLE, KY 40222 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: RUSSELL KOPP

POA

03/31/2012

Electronic Signature of Signing Officer or Director

Date