

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000005459

FILED
Feb 06, 2010
Secretary of State

Entity Name: BAY AREA INJURY REHAB SPECIALISTS HOLDINGS, INC.

Current Principal Place of Business:

7171 N. DALE MABRY HWY., STE. 503
TAMPA, FL 33614

New Principal Place of Business:

11801 N. DALE MABRY HWY.
TAMPA, FL 33618

Current Mailing Address:

PO BOX 15265
TAMPA, FL 336845265

New Mailing Address:

FEI Number: 59-3691839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFE, RANDOLPH J
100 NORTH TAMPA STREET
SUITE 2700
TAMPA, FL 336025804 US

Name and Address of New Registered Agent:

NELSON, G. MICHAEL
1005 N. MARION STREET
TAMPA, FL 33602 US

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: G. MICHAEL NELSON

02/06/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: MCCLIMANS, FREDERICK J DO
Address: PO BOX 15265
City-St-Zip: TAMPA, FL 336845265

Title: PD
Name: SHEPARD, LAWRENCE E DO
Address: PO BOX 15265
City-St-Zip: TAMPA, FL 336845265

Title: SD
Name: SHEPARD, DEBORAH
Address: PO BOX 15265
City-St-Zip: TAMPA, FL 33684

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: L SHEPARD

P

02/06/2010

Electronic Signature of Signing Officer or Director

Date