2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

DOCUMENT# P01000005459

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

Current Principal Place of Business:

11801 N. DALE MABRY HWY.
TAMPA, FL 33618

New Principal Place of Business:

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:

NELSON, G. MICHAEL
1005 N. MARION STREET
TAMPA, FL 33602 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: 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 04/27/2011

Electronic Signature of Signing Officer or Director — Date