

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000005459

FILED
Apr 30, 2012
Secretary of State

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 272450
TAMPA, FL 336882420

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 272450
City-St-Zip: TAMPA, FL 336882450

Title: SD
Name: SHEPARD, DEBORAH
Address: PO BOX 272450
City-St-Zip: TAMPA, FL 336882450

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

PRES

04/30/2012

Electronic Signature of Signing Officer or Director

Date