

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000062688

FILED
Feb 27, 2012
Secretary of State

Entity Name: DOCTORS REHAB CLINIC, INC.

Current Principal Place of Business:

4602 N ARMENIA AVE
B3
TAMPA, FL 33603

New Principal Place of Business:

8009 JACKSON SPRING RD
TAMPA, FL 33615

Current Mailing Address:

4602 N ARMENIA AVE
B3
TAMPA, FL 33603

New Mailing Address:

8009 JACKSON SPRING RD
TAMPA, FL 33615

FEI Number: 59-3728488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, IVAN C
4602 N ARMENIA AVE
B3
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

RAMOS, IVAN C
8009 JACKSON SPRING RD
TAMPA, FL 33615 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: IVAN CHINEA RAMOS

02/27/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: RAMOS, IVAN C
Address: 8009 JACKSON SPRING RD
City-St-Zip: TAMPA, FL 33615

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: IVAN CHINEA RAMOS

PD

02/27/2012

Electronic Signature of Signing Officer or Director

Date