

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000077933

FILED
Feb 05, 2010
Secretary of State

Entity Name: OCALA REHABILITATIVE MEDICINE, INC.

Current Principal Place of Business:

8495 SE 3 RD CT
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

1536 E SILVER SPRINGS BLVD.
OCALA, FL 34470

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTSELL, KAREN E
8495 S.E. 3RD.CT.
OCALA, FL 34480 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PV
Name: HARTSELL, KAREN E
Address: 8495 SE 3 RD CT
City-St-Zip: OCALA, FL 34480

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: KAREN E HARTSELL, PT, DPT

ADMN

02/05/2010

Electronic Signature of Signing Officer or Director

Date