

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000114118

Entity Name: JNS REHAB GROUP INC.

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4472 SECRETARIAT RUN  
BROOKSVILLE, FL 34609

**New Principal Place of Business:**

**Current Mailing Address:**

4472 SECRETARIAT RUN  
BROOKSVILLE, FL 34609

**New Mailing Address:**

FEI Number: 30-0005023

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

IMPRESO, ENRICO B  
4472 SECRETARIAT RUN  
BROOKSVILLE, FL 34609 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: D  
Name: IMPRESO, ENRICO  
Address: 4472 SECRETARIAT RUN  
City-St-Zip: BROOKSVILLE, FL 34609

Title: D  
Name: IMPRESO, IRENE  
Address: 4472 SECRETARIAT RUN  
City-St-Zip: BROOKSVILLE, FL 34609

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: ENRICO IMPRESO

PRES

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date