

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078813

FILED
Mar 23, 2009
Secretary of State

Entity Name: FLORIDA INJURY & REHABILITATION CENTERS, INC.

Current Principal Place of Business:

6220 SOUTH ORANGE BLOSSOM TRAIL
SUITE 606
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

6220 SOUTH ORANGE BLOSSOM TRAIL
SUITE 606
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 13-4204221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSO BONAOMBRA, KIMBERLY
6220 SOUTH ORANGE BLOSSOM TRAIL
SUITE 606
ORLANDO, FL 32809 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: P () Delete
Name: BONAOMBRA RUSSO, KIMBERLY
Address: 6220 SOUTH ORANGE BLOSSOM TRAIL #606
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: BONAOMBRA RUSSO, KIMBERLY
Address: 6220 SOUTH ORANGE BLOSSOM TRAIL #606
City-St-Zip: ORLANDO, FL 32809

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KIM RUSSO

CEO

03/23/2009

Electronic Signature of Signing Officer or Director

Date