

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000078813

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA INJURY & REHABILITATION CENTERS, INC.

**Current Principal Place of Business:**

6220 S. ORANGE BLOSSOM TRL., STE 606  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

6220 S. ORANGE BLOSSOM TRL., STE 196  
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:**

LOWE, MICHAEL R ESQ  
MICHAEL R. LOWE, P.A.  
2180 WEST SR 434, STE 1124  
LONGWOOD, FL 32779 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: RUSSO, KIMBERLY B  
Address: 6220 S. ORANGE BLOSSOM TRAIL, SUITE 196  
City-St-Zip: ORLANDO, FL 32809

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: KIMBERLY B. RUSSO

PD

01/06/2011

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

\_\_\_\_\_  
Date