

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000088580

FILED  
Apr 04, 2011  
Secretary of State

**Entity Name:** AQUATIC HEALTH AND REHABILITATION SERVICES, INC.

**Current Principal Place of Business:**

595 N COURTENEY PKWY  
# 203  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 541210  
MERRITT ISLAND, FL 329541210

**New Mailing Address:**

FEI Number: 04-3709119

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SHEPHERD, TEREASA DIANNE  
785 LARKVIEW ST.  
MERRITT ISLAND, FL 32953 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: P  
Name: SHEPHERD, TEREASA D  
Address: 785 LARKVIEW ST  
City-St-Zip: MERRITT ISLAND, FL 32953

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: TEREASA D. SHEPHERD

PRES

04/04/2011

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

\_\_\_\_\_ Date