

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008380

FILED
Feb 09, 2012
Secretary of State

Entity Name: SPINE & EXTREMITY REHABILITATION CENTER, INC.

Current Principal Place of Business:

1107 DELAWARE AVE
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

4465 NW ALSACE AVE.
PORT SAINT LUCIE, FL 34983

New Mailing Address:

2204 RIVER HAMMOCK LANE
FORT PIERCE, FL 34981

FEI Number: 82-0583484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASHINGTON, BRANDY N
1107 DELAWARE AVE
FORT PIERCE, FL 34950 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: LUBET, CARY R
Address: 2404 RIVER HAMMOCK LANE
City-St-Zip: FORT PIERCE, FL 34981

Title: VD
Name: SMITH WASHINGTON, BRANDY N
Address: 3015 SOUTH 7TH STREET
City-St-Zip: FORT PIERCE, FL 34982

Title: SD
Name: VELASCO, CLAUDIA E
Address: 2404 RIVER HAMMOCK LANE
City-St-Zip: FORT PIERCE, FL 34981

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: CARY R LUBET

PRES

02/09/2012

Electronic Signature of Signing Officer or Director

Date