

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000010917

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** ADVANTAGE REHAB & FITNESS, INC.

**Current Principal Place of Business:**

11400 OVERSEAS HWY  
#108  
MARATHON, FL 33050

**New Principal Place of Business:**

**Current Mailing Address:**

11400 OVERSEAS HWY  
#108  
MARATHON, FL 33050

**New Mailing Address:**

**FEI Number:** 55-0821478

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEVANE, WILLIAM N JR, ESQ  
C/O DEVANE & DORL, P.A.  
5701 OVERSEAS HWY STE 12  
MARATHON, FL 33050 US

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

DORL, JAMES J  
C/O JAMES J DORL, P.A.  
5701 OVERSEAS HWY STE 12  
MARATHON, FL 33050 US

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:** JAMES J DORL

04/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PSD  
**Name:** SNEAD, GINGER D  
**Address:** 11400 OVERSEAS HWY, #108  
**City-St-Zip:** MARATHON, FL 33050

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:** GINGER D SNEAD

PRES

04/14/2011

Electronic Signature of Signing Officer or Director

Date