

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000020968

Entity Name: AIR REHAB & SALES, INC.

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

13901 SUTTON PARK DRIVE SOUTH  
SUITE 160  
JACKSONVILLE, FL 32224

## **New Principal Place of Business:**

## **Current Mailing Address:**

13901 SUTTON PARK DRIVE SOUTH  
SUITE 160  
JACKSONVILLE, FL 32224

## **New Mailing Address:**

FEI Number: 34-1974415

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LUDWIG & BUNN, P.A.  
5150 BELFORT ROAD S.  
BUILDING 500  
JACKSONVILLE, FL 32256 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: PRES  
Name: STEINEMANN, FRANK C JR.  
Address: 13901 SUTTON PARK DRIVE SOUTH, SUITE 160  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP  
Name: RAY, GUIL  
Address: 7014 A.C. SKINNER PARKWAY, SUITE 290  
City-St-Zip: JACKSONVILLE, FL 32256

Title: S-T  
Name: CILLS, MICHAEL B  
Address: 13901 SUTTON PARK DR. S., SUITE 160  
City-St-Zip: JACKSONVILLE, FL 32224

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: MICHEAL B. CILLS

S-T

01/27/2011

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

\_\_\_\_\_  
Date