

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000076795

FILED  
May 05, 2010  
Secretary of State

**Entity Name:** UNITED HEALTH & REHAB ASSOCIATES OF FLORIDA INCORPORATED

**Current Principal Place of Business:**

885 NORTH POWERS DRIVE  
SUITE A  
ORLANDO, FL 32818 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 585707  
ORLANDO, FL 32858 US

**New Mailing Address:**

FEI Number: 30-0190307

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARLSON, ROY P DC  
531 S GROVE STREET  
EUSTIS, FL 32726 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CARLSON, ROY P DC  
Address: 531 S GROVE STREET  
City-St-Zip: EUSTIS, FL 32726 US

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: ROY PETER CARLSON

P

05/05/2010

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

\_\_\_\_\_  
Date