

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000095955

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**Entity Name:** ADVANCE MEDICAL ASSOCIATES AND FORME REHAB, INC.

**Current Principal Place of Business:**

7000 W. OAKLAND PARK BLVD.  
SUITE 202  
SUNRISE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

7000 W. OAKLAND PARK BLVD.  
SUITE 202  
SUNRISE, FL 33313

**New Mailing Address:**

**FEI Number:** 54-2125753

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAX RECOVERY SERVICES  
429 E. SHERIDAN ST  
DANIA BEACH, FL 33004 US

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

VARISCO, LINDA D  
7000 W. OAKLAND PK BLVD  
202  
SUNRISE, FL 33313 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: LINDA VARISCO DC

03/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: VARISCO, LINDA  
Address: 7000 W. OAKLAND PARK BLVD SUITE 202  
City-St-Zip: SUNRISE, FL 33313

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: LINDA VARISCO DC

PRES

03/23/2011

Electronic Signature of Signing Officer or Director

Date