2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2011
Secretary of State

DOCUMENT# P05000034379

Entity Name: CLERMONT & AREA REHABILITATION SOLUTIONS, INC.

Current Principal Place of Business:

11603 ROPER BLVD
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

P O BOX 648
MINNEOLA, FL 34755

New Mailing Address:

FEI Number: 11-3747099 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WEEKES, JACQUELINE
11603 ROPER BLVD
CLERMONT, FL 34711 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: DP
Name: WEEKES, JACQUELINE
Address: 11603 ROPER BLVD
City-St-Zip: CLERMONT, FL 34711

Title: CEO
Name: WEEKS, JACQUELINE
Address: 11603 ROPER BLVD.
City-St-Zip: CLERMONT, FL 34711

Title: SEC
Name: DEVRIES, CHRISTY
Address: 11603 ROPER BLVD
City-St-Zip: CLERMONT, FL 34711

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: JACQUELINEWEEKES CEO 04/24/2011

Electronic Signature of Signing Officer or Director — Date