

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000034379

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**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 ( )**

**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: WEEKES, 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: JACQUELINE WEEKES

CEO

04/29/2012

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

\_\_\_\_\_  
Date