

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000040940

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA INJURY & REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

8719 SUMMERVILLE PLACE  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

8719 SUMMERVILLE PLACE  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 83-0423632

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FADEM, JEROLD J SR, MD  
8719 SUMMERVILLE PLACE  
ORLANDO, FL 32804 US

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

FADEM, JEROLD J SR, MD  
8719 SUMMERVILLE PLACE  
ORLANDO, FL 32819 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:

01/07/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FADEM, JEROLD J SR.  
Address: 2648 WEST STATE ROAD 434 SUITE C  
City-St-Zip: LONGWOD, FL 32779

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: JEROLD J FADEM SR

D

01/07/2010

Electronic Signature of Signing Officer or Director

Date