

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000045294

FILED  
Feb 24, 2012  
Secretary of State

Entity Name: WATERS MEDICAL REHAB. INC.

## Current Principal Place of Business:

8019 N HIMES AVE  
SUITE 202  
TAMPA, FL 33614

## New Principal Place of Business:

8019 N HIMES AVE  
SUITE 202  
TAMPA, FL 33614 UN

## Current Mailing Address:

8019 N HIMES AVE  
SUITE 202  
TAMPA, FL 33614

## New Mailing Address:

8019 N HIMES AVE  
SUITE 202  
TAMPA, FL 33614 UN

FEI Number: 52-2454796

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ESCOBAR, JORGE  
8019 N HIMES AVE  
SUITE 202  
TAMPA, FL 33614 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: PST  
Name: ESCOBAR, JORGE  
Address: 8019 N HIMES AVE SUITE 202  
City-St-Zip: TAMPA, FL 33604 UN

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: JORGE ESCOBAR

PST

02/24/2012

Electronic Signature of Signing Officer or Director

Date