

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000104814

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

**Entity Name:** IMPACT REHAB AND WELLNESS, INC.

**Current Principal Place of Business:**

2247 PALM BEACH LAKES BLVD  
SUITE 208  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

2134 RADNOR COURT  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

FEI Number: 20-3221301

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KARM, STEVEN E  
2134 RADNOR COURT  
NORTH PALM BEACH, FL 33408 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: PT  
Name: KARM, STEVEN  
Address: 2134 RADNOR COURT  
City-St-Zip: NORTH PALM BEACH, FL 33412 US

Title: VS  
Name: CHARLES, LYDIA F  
Address: 1178 NW 70TH WAY  
City-St-Zip: PLANTATION, FL 33322 US

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: STEVEN E. KARM

DR.

03/23/2011

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

\_\_\_\_\_ Date