

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000146451

FILED
Mar 28, 2012
Secretary of State

Entity Name: CARLISLE REHABILITATION SERVICES, INCORPORATED

Current Principal Place of Business:

4015 FISHERMANS COVE COURT
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

4015 FISHERMANS COVE COURT
LUTZ, FL 33558

New Mailing Address:

FEI Number: 59-3823104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARLISLE, JEFFREY E
4015 FISHERMANS COVE COURT
LUTZ, FL 33558 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: P
Name: CARLISLE, JEFFREY E
Address: 4015 FISHERMANS COVE COURT
City-St-Zip: LUTZ, FL 33558

Title: V
Name: CARLISLE, JEFFREY E
Address: 4015 FISHERMANS COVE COURT
City-St-Zip: LUTZ, FL 33558

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: JEFFREY E. CARLISLE

PRES

03/28/2012

Electronic Signature of Signing Officer or Director

Date