# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 11, 2012**
**Secretary of State**

DOCUMENT# P05000163888

**Entity Name:** CANINE REHABILITATION INSTITUTE, INC.

**Current Principal Place of Business:**

2701 TWIN OAKS WAY
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

2701 TWIN OAKS WAY
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number: 20-3959662** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

VAN DYKE, JANET B
2701 TWIN OAKS WAY
WELLINGTON, FL 33414 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: CEO
Name: VAN DYKE, JANET B
Address: 2701 TWIN OAKS WAY
City-St-Zip: WELLINGTON, FL 33414 US

Title: COO
Name: RUDZITIS, JOYCE G
Address: 4777 ORCHARD LANE
City-St-Zip: DELRAY BEACH, FL 33445 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: JOYCE G RUDZITIS COO 03/11/2012

Electronic Signature of Signing Officer or Director — Date