

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000164503

FILED
Jan 10, 2011
Secretary of State

Entity Name: PHOENIX THERAPY AND REHABILITATION SERVICES, INC.

Current Principal Place of Business:

16244 S MILITARY TRAIL
STE 290
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

16244 S MILITARY TRAIL
STE 290
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 20-3970405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVINGSTON, DAVID
16244 S. MILITARY TRAIL
SUITE 290
DELRAY BEACH, FL 33484 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: PTD
Name: LIVINGSTON, DAVID
Address: 16244 S MILITARY TRAIL - STE 290
City-St-Zip: DELRAY BEACH, FL 33484

Title: VPD
Name: LIVINGSTON, CAROLINE
Address: 16244 S MILITARY TRAIL - STE 290
City-St-Zip: DELRAY BEACH, FL 33484

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: DAVID LIVINGSTON

DR

01/10/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date