

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000164503

FILED
Jan 11, 2012
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:

4723 W. ATLANTIC AVE.
SUITE A 13
DELRAY BEACH, FL 33445

Current Mailing Address:

16244 S MILITARY TRAIL
STE 290
DELRAY BEACH, FL 33484

New Mailing Address:

4723 W. ATLANTIC AVE.
SUITE A 13
DELRAY BEACH, FL 33445

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:

LIVINGSTON, DAVID
4723 W. ATLANTIC AVENUE
SUITE A13
DELRAY BEACH, FL 33445 US

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

01/11/2012

Date

OFFICERS AND DIRECTORS:

Title: PTD
Name: LIVINGSTON, DAVID
Address: 4723 WEST ATLANTIC AVENUE
City-St-Zip: DELRAY BEACH, FL 33445

Title: VPD
Name: LIVINGSTON, CAROLINE
Address: 4723 W. ATLANTIC AVENUE
City-St-Zip: DELRAY BEACH, FL 33445

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

Electronic Signature of Signing Officer or Director

DR.

01/11/2012

Date