

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000166379

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** REHAB AXIS STAFFING & MANAGEMENT INC

**Current Principal Place of Business:**

8466 N LOCKWOODRIDGE RD  
SUITE 300  
SARASOTA, FL 34243

**New Principal Place of Business:**

8466 N LOCKWOODRIDGE RD  
SUITE 300  
SARASOTA, FL 34243 US

**Current Mailing Address:**

8466 N LOCKWOODRIDGE RD  
SUITE 300  
SARASOTA, FL 34243

**New Mailing Address:**

8466 N LOCKWOODRIDGE RD  
SUITE 300  
SARASOTA, FL 34243 US

**FEI Number:** 20-4006302

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CADORNA, OSIAS R  
4427 67TH AVE CIR E  
SARASOTA FLORIDA, FL 34243 US

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

CADORNA, OSIAS R  
4427 67TH AVE CIR E  
#300  
SARASOTA FLORIDA, FL 34243 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:** RONNIE CADORNA

04/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CADORNA, OSIAS R  
**Address:** 4427 67TH AVE CIR E  
**City-St-Zip:** SARASOTA, FL 34243 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:** RONNIE CADORNA

PRES

04/30/2011

Electronic Signature of Signing Officer or Director

Date