

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000037518

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** CROWN REHABILITATION, INC.

**Current Principal Place of Business:**

5822 LAKE VICTORIA COVE  
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

5822 LAKE VICTORIA COVE  
LAKELAND, FL 33813

**New Mailing Address:**

**FEI Number:** 26-0669280

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MERCADO, WILLIAM  
5822 LAKE VICTORIA COVE  
LAKELAND, FL 33813 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: MERCADO, WILLIAM  
Address: 5822 LAKE VICTORIA COVE  
City-St-Zip: LAKELAND, FL 33813

Title: ST  
Name: MERCADO, MAYLENE  
Address: 5822 LAKE VICTORIA COVE  
City-St-Zip: LAKELAND, FL 33813

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: WILLIAM MERCADO

PRES

02/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date