2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000076820

Entity Name: TRI-DIMENSION SPINAL REHAB, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11740-2 SAN JOSE BLVD JACKSONVILLE, FL 32223

Current Mailing Address: New Mailing Address:

10000 GATE PKWY NORTH
4006 LIONHEART DR
1526
JACKSONVILLE, FL 32216
JACKSONVILLE, FL 32246

FEI Number: 13-4335680 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BERNSTEIN, AMY E DR.

10000 GATE PKWY NORTH

1526

JACKSONVILLE, FL 32246 US

BERNSTEIN, AMY E DR.

4006 LIONHEART DR

JACKSONVILLE, FL 32216 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: 04/29/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition

 Name:
 BERNSTEIN, AMY E DR.
 Name:
 BERNSTEIN, AMY E DR.

 Address:
 10000 GATE PKWY NORTH #1526
 Address:
 4006 LIONHEART DR

 City-St-Zip:
 JACKSONVILLE, FL 32246
 City-St-Zip:
 JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR AMY BERNSTEIN PRES 04/29/2008