2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2011
Secretary of State

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Entity Name: TRI-DIMENSION SPINAL REHAB, INC.

Current Principal Place of Business:

11740-2 SAN JOSE BLVD
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

9823 TAPESTRY PARK CIRCLE
#112
JACKSONVILLE, FL 32246

New Mailing Address:

11111-70 SAN JOSE BLVD
PMB # 282
JACKSONVILLE, FL 32223

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

Name and Address of Current Registered Agent:

BERNSTEIN, AMY E DR.
9823 TAPESTRY PARK CIRCLE
112
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

BERNSTEIN, SHERRY MRS.
19101 MYSTIC POINTE DRIVE
507
AVENTURA, FL 33180 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: SHERRY BERNSTEIN 01/19/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: BERNSTEIN, AMY E DR.
Address: 125 18TH AVE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: AMY BERNSTEIN PRES 01/19/2011
Electronic Signature of Signing Officer or Director Date