

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000076820

FILED
Feb 13, 2012
Secretary of State

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:

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

New Mailing Address:

FEI Number: 13-4335680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNSTEIN, SHERRY MRS.
19101 MYSTIC POINTE DRIVE
507
AVENTURA, FL 33180 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: 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 JBERNSTEIN

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02/13/2012

Electronic Signature of Signing Officer or Director

Date