

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000016250

FILED  
Mar 21, 2010  
Secretary of State

**Entity Name:** PREMIERE THERAPY AND REHAB SERVICES, INC.

**Current Principal Place of Business:**

904 SE 25TH ST.  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

302 NW BINGHAMPTON LN  
PORT ST LUCIE, FL 34983

**Current Mailing Address:**

904 SE 25TH ST.  
OKEECHOBEE, FL 34974

**New Mailing Address:**

302 NW BINGHAMPTON LN  
PORT ST LUCIE, FL 34983

**FEI Number:** 20-8393120

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NURCZYK, JOHN P  
904 SE 25TH ST.  
OKEECHOBEE, FL 34974 US

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

NURCZYK, JOHN P  
302 NW BINGHAMPTON LN  
PORT ST LUCIE, FL 34983 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:

03/21/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NURCZYK, JOHN P  
Address: 302 NW BINGHAMPTON LN  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: T  
Name: NURCZYK, DANA E M  
Address: 302 NW BINGHAMPTON LN  
City-St-Zip: PORT ST LUCIE, FL 34983

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: JOHN NURCZYK PT

P

03/21/2010

Electronic Signature of Signing Officer or Director

Date