

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000058982

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA REHABILITATION GROUP, INC.

**Current Principal Place of Business:**

30741 PUMPKIN RIDGE DRIVE  
WESLEY CHAPEL, FL 33543

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7353  
WESLEY CHAPEL, FL 33545

**New Mailing Address:**

**FEI Number:** 42-1729280

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KEINA, KAROLYN  
30741 PUMPKIN RIDGE DRIVE  
WESLEY CHAPEL, FL 33543 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: PS  
Name: KEINA, KAROLYN  
Address: 30741 PUMPKIN RIDGE DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: TVP  
Name: TAYLOR, JOHN  
Address: 30741 PUMPKIN RIDGE DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33543

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: KAROLYN KEINA

PS

04/12/2012

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

\_\_\_\_\_ Date